

DOCUMENT RESUME

ED 088 269

EC 061 387

AUTHOR Mathews, James B.; And Others
TITLE Project 3R. End-of-Project Evaluation Report, July 1, 1969 through June 30, 1972.
INSTITUTION Cooperative Special Services Center, East Granby, Conn.
SPONS AGENCY Bureau of Elementary and Secondary Education (DHEW/OE), Washington, D.C.
PUB DATE 15 Jul 72
NOTE 63p.; For related information see EC 061371 and EC 061386

EDRS PRICE MF-\$0.75 HC-\$3.15

DESCRIPTORS *Cooperative Programs; *Demonstration Projects; Elementary School Students; *Emotionally Disturbed; *Exceptional Child Education; Intervention; Program Development; *Program Evaluation; Regular Class Placement; Special Classes
IDENTIFIERS Connecticut; Elementary Secondary Education Act Title III; ESEA Title III

ABSTRACT

Evaluated was the 3-year (1969-1972) Title III 3R (reeducation, reality, responsibility) intervention program serving over 600 emotionally disturbed elementary level students from four towns (in Connecticut) in a special unit and regular classes. A systems approach used throughout the project analyzed inputs, processes, and effectiveness of the following demonstration goals: the four school systems' cooperation in providing a quality program, the 3R educational model (based on the Re-Ed model of N. Hobbs and the reality therapy model of W. Glasser), an inservice teacher training program, public school/university collaboration to train personnel, and project measurement by evaluative research. The organizational structure included a director with responsibilities such as facilitating communication. Goals were evaluated in terms of effort, effect, adequacy, efficiency and process. Main findings showed that the cooperative strategy effectively reduced pupil costs (special unit cost per child of \$1500 opposed to residential school cost of \$9000) and fostered greater student academic competence; that the educational program effectively improved 12 of 14 rated behaviors, fostered gains in IQ points, enabled 32 of 33 students to return to regular classes; that the teacher training program for over 700 teachers was adequate for cognitive understanding and inadequate for skill development/application; and that research was not conducted due to federal funding limitations. Project information dissemination included teacher presentations to teachers in other school systems. Appended are parent questionnaire and the Devereux Elementary Behavior Rating Scale. (MC)

ED 088269

END-OF-PROJECT EVALUATION REPORT, JULY 1, 1969 THROUGH JUNE 30, 1972, TO THE
COMMISSIONER OF EDUCATION, U.S. OFFICE OF EDUCATION, DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE TO SUPPORT A DEMONSTRATION
PROJECT UNDER PROVISIONS OF TITLE III OF THE ELEMENTARY
AND SECONDARY EDUCATION ACT OF 1965 (PL 89-10)

Title: Project 3R

Submitted by: George Bondra, Principal Investigator,
Director, Cooperative Special Services
Center of North Central Connecticut

Address: Center School, East Granby, Connecticut 06026

Telephone Number: (203) 653-2556

Initiated by: Advisory Council. Superintendents of Schools:
Laroy Brown, East Granby; Malcolm Evans,
Suffield; Leo Garrepy, East Windsor; Peter
D'Arrigo, Windsor Locks; and George Bondra,
Director, Center; Howard Brown, Assistant
Superintendent, Suffield; and Elias Shapiro,
Assistant Superintendent, Windsor Locks.

Transmitted by: Malcolm Evans, Superintendent
Board of Education
Suffield, Connecticut

Prepared by: James B. Mathews, Research Coordinator,
University of Hartford; George Bondra, Director;
Carol Camiros, Teacher-Counselor; and Laura Gile,
Liaison-Teacher-Counselor.

Date: July 15, 1972

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I. INTRODUCTION TO EVALUATION DESIGN

A. Research Methodology

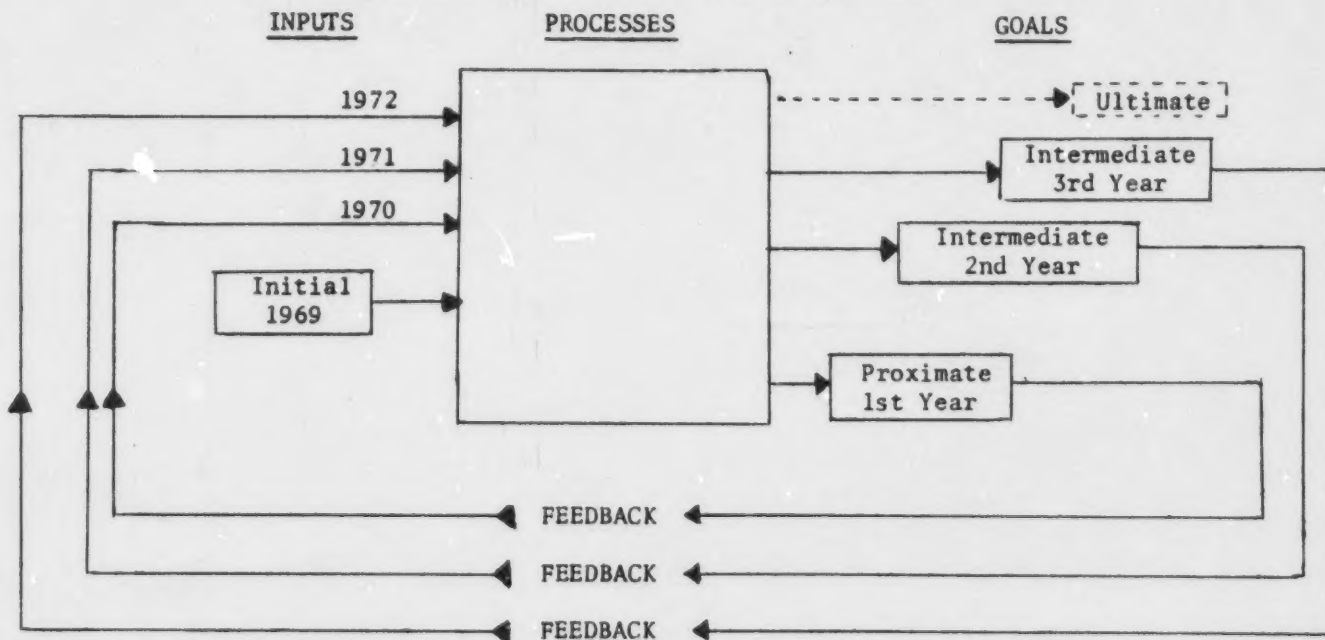
We used a goal evaluation model emphasizing operations research. The quality of the program was evaluated in terms of the defined goals and objectives. Actual outcomes, specified in behavioral objectives, served as quality measurements of these goals. The logic of this methodology, in essence, stated that the ends were the consequences of the means used. The given set of means, therefore, resulted in a set of consequences which approximated the intended goals. Using an operations research approach, we continued to alter and redesign the means to obtain closer approximations to the original goals we sought.

By the very nature of this Project, it was difficult to control single variables or to vary them by given degrees. Our research design could be viewed as one that was primarily concerned with the manipulation of isolated independent and dependent variables. Hypotheses were tested, when possible.

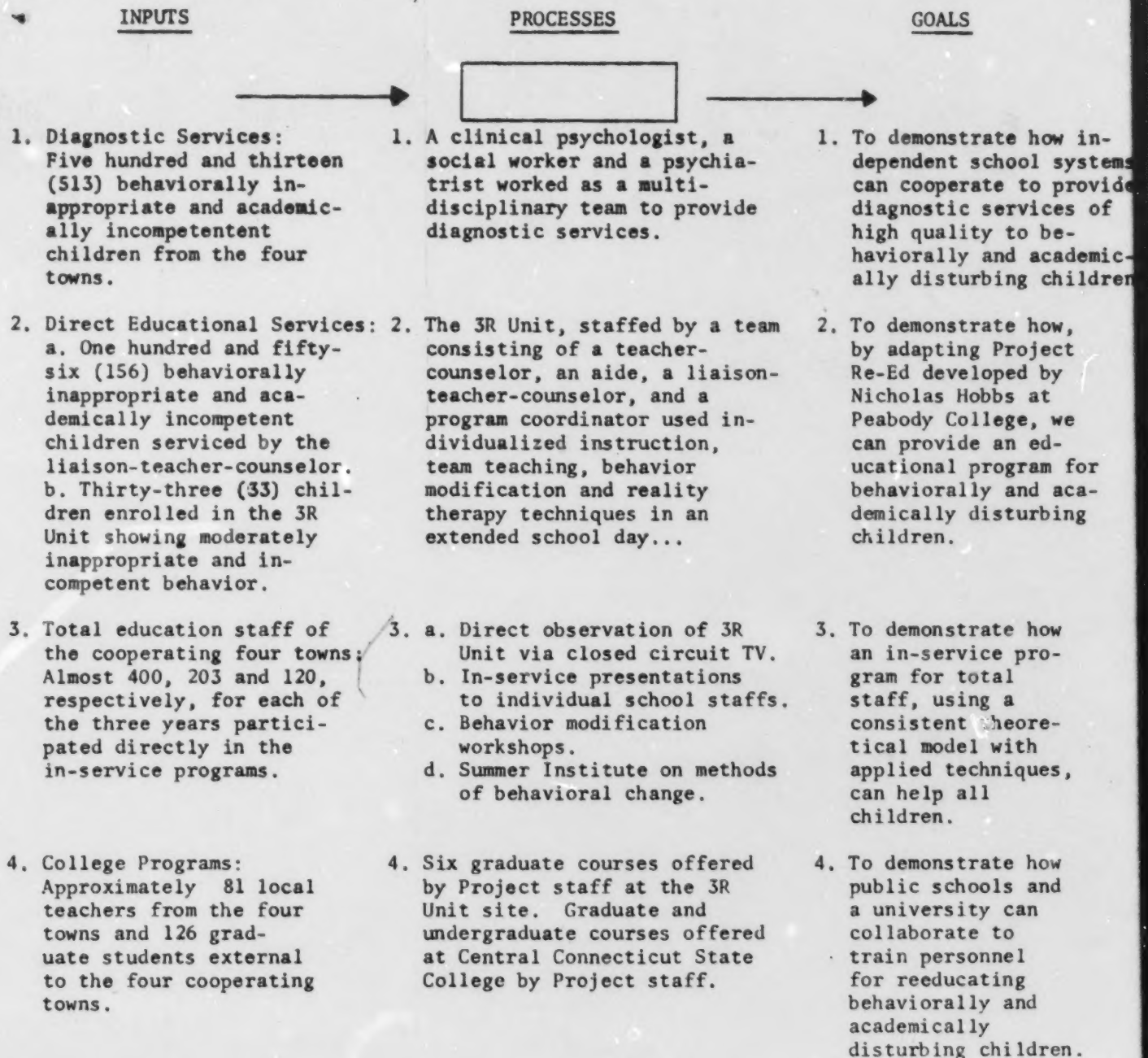
As this Project developed, there were changes. These changes developed from the circular, causal, and feedback processes involved. Successes and failures provided new insights which altered the pattern of means that were employed.

The methodology that was employed was one of operations research using a general systems model. This schematized model specified that our initial goals would be evaluated each year by the degree to which our proximate goals were achieved in relation to the long-range goals (see Figure 1). To the extent that actual outcomes did not move in the direction of the long-range goals, the discordance was used as feedback input to modify the processes for the next year. As each cycle was completed, the amount of discordance was reduced. Using information feedback derived from this process, we moved toward achieving maximum concordance with our long-range goals.

Figure 1
Schematized Model of Research Approach



The model we followed can be further delimited as follows:



B. Data Collection and Analysis Procedure

A combination of approaches, i.e., descriptive, counting, and ripple effects, were used to evaluate the program. Using the data obtained from these approaches, analyses and evaluations were made of each of the four major goals of the project.

The long-range goals of Project 3R will be delimited below. These goals further specified into behavioral objectives have been evaluated according to the following criteria:

1. Effort. An analysis of the effort expended using such criteria as staff size, number of children served, number of conferences with children, parents, etc. were used as measures of effort.
2. Effect. An analysis of objective measures of academic and behavioral changes in children were used as the primary measures of effect. An analysis of attitude changes in professional staffs was also used.
3. Adequacy. An analysis of the number of cases served in terms of the number of cases identified was used as a measure of the overall adequacy of the Project.
4. Efficiency. Analysis of the relative cost (time and money) of Project 3R as a treatment mode versus other available modes was used as criteria measures of efficiency.
5. Process. A descriptive history of the development and growth was made of the relative successes and failures of the program to tell how and why the program worked or did not work. Making sense of the evaluative findings was the basic reason for adding a concern with the process to the evaluation study; otherwise, one is left with results of the evaluation, but without any explanations.

II. PROCESS: DESCRIPTIVE HISTORY OF DEVELOPMENT AND GROWTH OF 3R

A. Background and Need Assessment

Estimates on a national scale reveal that there are one and a half million emotionally disturbed children of average or superior intelligence whose behavior is such that they cannot be maintained within the normal school, community, and family patterns. Other research estimates indicate that 5% of the school population manifest such behavior disturbance. In terms of number and severity of problem, the towns' greatest need was for an effective school program for socially-emotionally maladjusted children. The boards of education and the superintendents of schools of the towns of East Granby, East Windsor, Suffield, and Windsor Locks (See Table I) in their concern for all children and, particularly, exceptional children, creatively responded by developing the Cooperative Special Services Center (CSSC) in 1965. Operational since 1966, the CSSC provided diagnostic services.

In addition to these shared services, the four towns established the Cooperative Special Education Program which provided five classes for the educable mentally retarded, one class for the trainable mentally retarded, as well as four Learning Centers providing diagnosis and instruction for children with psychoneurologically based learning disorders.

Prior to the collaborative effort of the CSSC, there were no speech and hearing services, no school social work program, and no psychiatric consultation in any of the four towns. Psychological testing services were very limited or non-existent. Two of the towns had one class each for the educable mentally retarded with age ranges from 6 to 21. Other retarded students were transported to neighboring towns on a tuition basis. There were no programs for children with perceptual disabilities. There was also no program for socially-emotionally maladjusted children. Project 3R was developed in response to this educational need for a program for socially-emotionally disturbing children.

The four towns, in establishing the CSSC and concomitantly the Cooperative Special Education Program, had their priorities set both by internal and external considerations. Internally, there were concerned administrators, teachers, parents; externally, the State legislature mandated programs for these exceptional children. Availability of money was and is a major factor. Each year the towns had to limit what they could do individually and collectively. The CSSC was primarily funded by categorical aid from Title I and PA 523 monies.

The four towns used their full entitlements to provide services through the CSSC. Each year since the regional cooperative effort has been in effect, there has been systematic expansion of services and programs for educationally disadvantaged children with each of the towns assuming increased local financial responsibility. Specifically, local funding for all aspects of special education increased from \$60,000. in 1965-66 to \$233,000. in 1969-70. In addition to these local funds, the CSSC was primarily supported by \$184,000. from Federal and State monies. This represented a ratio of 55:45 - local to Federal and State support. It is notable that the CSSC was initially fully funded by outside monies; these served an important catalytic function in local program development for meeting significant educational problems. The funding for CSSC services only is currently in a ratio of 45:55 - local vs Federal and State, respectively.

Table I

Area, Population, and Number of Children in the Four Towns Served by the Cooperative Special Services Center

Town	Area Square Miles	Estimated Population	Number of Children
East Granby	17.8	3,532	1,076
East Windsor	26.6	8,513	2,203
Suffield	43.1	8,634	2,378
Windsor Locks	9.6	15,080	4,489
Total	97.1	35,759	10,146

These towns are four of the 169 towns of Connecticut and are geographically located in the north central part of the State. The total population of the four towns is 35,759 and the total population of the State is approximately 3,000,000 based on the 1970 census.

The CSSC diagnostic team had specifically identified - in the two years prior to the development of Project 3R - 140 socially-emotionally maladjusted children needing professional therapeutic intervention. At that time the general professional recommendation to help these children was psychotherapy, with its usual two-year time commitment. Other indorsed plans for bringing about personality change were treatment through a child guidance clinic or private therapy. Many of the school children so evaluated by the CSSC had been referred to such clinics or private psychiatric settings. However, there was and still is a dearth of such mental health services in the general area; waiting lists were and are long; there were and are limited openings; and these services are costly. Residential placement is notably expensive to boards of education. In addition, so isolating and labeling a child tends to confirm his worst fears about himself, firmly setting his aberrant behavior and further alienating him from family, peers, school, and community. Thus, even if these modes of treatment were readily available and fully staffed, they would neither be adequate nor appropriate as the only solutions for the schools to follow in helping socially-emotionally disturbing children.

The development of Project 3R began over four years ago with the basic aim of developing a program to meet the needs for a program for socially-emotionally maladjusted in the four towns.

The following is a brief sketch of the planning for Project 3R:

1. The Advisory Council, concerned with providing a much needed program for socially-emotionally maladjusted children, which did not seem financially feasible locally at that time, discussed the matter with the combined Boards of Education. The Advisory Council and the respective Boards of Education agreed on the expressed need and recommended that an appropriate program be developed based on the availability of financial assistance from some outside source. The following superintendents functioned as an Advisory Council: *Laroy Brown, East Granby; John Green, Suffield; Arnaud Michaud, East Windsor; Francis Sullivan, Windsor Locks; and George Bondra, Director, CSSC; Howard Brown, Assistant Superintendent, Suffield.
2. In order to facilitate the development of such a program, the Advisory Council delegated the responsibility to a Planning Committee, involving people who would ultimately be concerned with the implementation of the program. The Planning Committee was composed of the following: Glenn Anderson, Principal, East Granby; Edgar Gorman, Principal, Windsor Locks; George Bondra, Director, CSSC; Myron Halpin, Senior School Social Worker, CSSC; Frank Keaney, Guidance Director, East Windsor; Norry Lessard, Principal, East Windsor; Richard Lincoln, Elementary Guidance Counsultant, Suffield; and Elias Shapiro, Director of Pupil Services, Windsor Locks.

The Planning Committee held 22 work sessions of more than two hours each from March through July 1968. The Planning Committee which conceived and developed the now operational program became its Steering Committee; thus assuring the continuity so necessary between development and operation.

* Dr. Malcolm Evans has replaced Mr. John Green; Dr. Leo Garrepy has replaced Dr. Arnaud Michaud; Dr. Peter D'Arrigo has replaced Mr. Francis Sullivan.

3. A proposal for a planning grant was developed and submitted to the Metropolitan Effort Toward Regional Opportunity (METRO). Under ESEA Title III, a grant in the amount of \$1,800. was obtained through Dr. John J. Allison, Jr., METRO Director. Using the funds from this planning grant, the Planning Committee took the following action:
 - a. Conducted a survey of local needs.
 - b. Obtained and reviewed relevant professional literature such as Reality Therapy by Dr. William Glasser; Intervention Approaches in Educating Emotionally Disturbed Children edited by Knoblock; Conflicts in the Classroom by Morse, Newman, and Wadsworth; "Helping Disturbed Children" by Dr. Nicholas Hobbs from American Psychologist.
 - c. Consulted with the following: Mr. Gabriel Simches, Consultant, State Department of Education; Mr. Robert Margolin, Consultant, State Department of Education; Dr. James Trench, Psychiatrist; Dr. Nicholas Hobbs, Professor, George Peabody College and Vanderbilt University; Dr. Wilbert Lewis, Professor, George Peabody College; Dr. Carl Fenichel, Director, League School.
 - d. Visited and attended the following: Enfield Public School Special Education Program; Project Re-Ed, Cumberland House, Nashville, Tennessee; The League School, Brooklyn, New York; High Meadows, Hamden, Connecticut; three-day workshop on socially-emotionally maladjusted children at St. Joseph College; one-day workshop by Dr. William Glasser on Reality Therapy, New York University, New York.
 - e. Consulted with Dr. Nicholas Hobbs regarding NIMH support for the Project. Dr. Hobbs referred to Dr. Bertram Brown, NIMH, who arranged for additional consultation with Dr. Wilbert Lewis. Four Project members spent two days at NIMH with Dr. Lewis.
 - f. Dr. James Mathews, Research Coordinator for Project 3R, spent two days at the George Peabody College consulting with Dr. Laura Weinstein, the Director of Research for Project Re-Ed, obtaining many of the research instruments employed there and discussing possibilities to make the research activities more efficient.

After reviewing the scientific and professional literature, the Committee was most impressed with the theoretical rationales presented by Dr. Hobbs, Dr. Fenichel, and Dr. Glasser for an educational intervention for socially-emotionally maladjusted children. While these models were developed independently, each with its own action program, the underlying theoretical assumptions are remarkably congenial. The Planning Committee, therefore, relied heavily on these theories in developing a program adapted to suit local needs.

4. Consultative assistance has been given by the State Department of Education in planning this Project. As noted, Mr. Simches and Mr. Margolin served as consultants and continued in that role with the Committee.

5. The Planning Committee developed a proposal called Project 3R for Title III support. It was decided to divide the Project into four interrelated components and seek funding from several resources. Three of the components - unit operation, physical facilities, and in-service training - were funded. The Committee also sought support for the research component from NIMH and the U.S. Office of Education. Both of these research proposals were favorably reviewed although not funded because of limited monies.

B. Goals of 3R Program

The 3R Program proposed to demonstrate the following:

1. How independent school systems could cooperate regionally to provide socially-emotionally maladjusted children with an educational program of high quality which could not be provided by the towns individually.
2. How an in-service program could help total teaching staff to reeducate socially-emotionally disturbing children under a consistent theoretical framework with applied techniques and procedures.
3. How a public school and a university could collaborate to train personnel for reeducating socially-emotionally disturbing children.
4. How the relative effectiveness of the project and its programs could be measured by strong evaluative research procedures.

C. Adaptation of Project Re-Ed to Project 3R

By adapting to the local requirements of the Project Re-Ed model as developed by Dr. Nicholas Hobbs in cooperation with George Peabody College, the National Institute of Mental Health, and the State of Tennessee, we believed that we could provide in Project 3R an effective educational program for socially-emotionally disturbing children.

The CSSC diagnostic team had evaluated 277, 326, 356, 390, 393, and 402 students from 1967-72, respectively. The multidisciplinary team worked primarily within the framework of the medical model. Intensive evaluations of the etiological factors involving the bio-social, dynamic, and interpersonal causes that contributed to the child's problems were made. This resulted in a good understanding of the child and frequently included a formal medical diagnosis. Based on this high quality evaluation, recommendations were made to parents and the school. The majority of the cases, based on the medical model, required professional intervention ranging from private, clinic, residential or hospital treatment. However, such mental health services are either unavailable, too expensive, or limited in effectiveness. One single consequence, nevertheless, always followed - a professional report was filed with the required - necessary and sufficient - recommendations to school and parents but with full knowledge that there was a high probability that they would not be implemented. In addition, the assumptions underlying the medical model were biased in the direction that the pathology is "within" the child or the nuclear family who then needed to be "treated." The stigmata of the label of mental illness on the child and the parent was generally negative and confirmed their worst fears. It frequently served to absolve the teacher and the school of the responsibility of educating the child. Also, the morale and productivity of the diagnostic team was lowered with feelings of frustration because the mental health professions could not deliver the needed services.

Dissatisfaction with the effectiveness of the diagnostic-therapy, medical model, as well as its high costs, gave rise to a search for a constructive alternative. The Re-Ed model, developed by Nicholas Hobbs, George Peabody College, Nashville, Tennessee, is an educational model that provided such a constructive alternative. Hobbs' ecological strategies, coupled with the behavioral model and William Glasser's Reality Therapy, served as a new conceptual framework for helping children.

The 3R model (3R emphasizes the educational aspect but stands for REEDUCATION - Hobbs - REALITY and RESPONSIBILITY - Glasser) can be schematically diagrammed as follows:

BIO-SOCIAL		PSYCHO-SOCIAL	
I	GENETIC (Eugenics)	II	ECOLOGY (Support Systems)
III	BIOCHEMICAL (Medication)	IV	LEARNED HABITS AND CHOICES (Reeducation)

This model uses, as instruments of change, strategies from all four quadrants. The multidisciplinary team includes representation from education, guidance, medicine, psychology, and social work. In the diagnostic, etiology phase, the bio-social (genetic and biochemical) factors are evaluated along with the psycho-social (ecology and learned habits) factors.

While the main focus of 3R was an educational model in a public school setting with emphasis on the psycho-social factors, there are, in fact, two intervention processes. The first thrust was based on compensatory education provided in the Units. Compensatory education in the usual sense implied that the difficulties were "within" the skin of the child who needed reeducation in order to "make it" in his natural ecologies. The second thrust involved the ecological strategies with emphasis on changes in support systems in which the child functioned. This emphasis with respect to social change had as its targets the school system, the family and other community systems.

The multidisciplinary mental health team of the Center primarily functioned within the medical model with emphasis on diagnosis involving etiological factors in the biosocial area involving both genetic and biochemical aspects. Emphasis was also placed on the psycho-dynamic and interpersonal factors as central to emotional disturbances. The substantive body of knowledge underlying this medical model has served as the basis for the professional practice and related legal responsibilities of the CSSC diagnostic team. This approach is mandated by both State law and mental health practices.

The current trend toward the exclusive use of behavior modification strategies under psycho-social intervention techniques was placed in the following perspective. The 3R program, while employing these strategies, guarded against

this bias by involving the bio-social factors employing psychiatry and clinical psychology in a multidisciplinary approach. The inclusion of the bio-social factors was necessary in order to properly handle those cases in which there were either genetic and/or biochemical dysfunctions. The 3R Program considered that where such bio-social factors were, in fact, identified by our clinical staff, that it would be malpractice to ignore these contributions to the child's inappropriate behaviors by only providing a reeducation strategy.

The following further delimits the data language, assumptions, and testable hypotheses of this new conceptual scheme. With reference to the schema presented above, focus was placed on the psychosocial aspects which involve ecology and reeducation - the bases for this psycho-educational model. With respect to its assumptions, we assume that whatever else may be true - given genetic and biochemical determinants - our appropriate-inappropriate and/or competent-incompetent behaviors are learned. Furthermore, they are not learned in a vacuum but learned and maintained in ecological systems. Such ecological, or support systems, are the family, the classroom, peer groups, community, etc. When intervening in a child's life, we employ two ecology strategies. First, a behavioral analysis is made in the natural ecology. Based on this appraisal, we intervene by influencing the following three factors: 1) help create appropriate expectancies held for the child by significant others in his support systems, 2) help provide appropriate tasks for the child with which he can succeed, and 3) help provide appropriate consequences for his behaviors - a higher ratio of positive to negative re-inforcers. Second, we can add new ecological systems for the child, e.g., have him join the Scouts, a baseball team, musical group, etc.

In regard to some data language, we view all the child's behaviors on the following two dimensions: 1) appropriate-inappropriate and 2) competent-incompetent. These two dimensions appear to be sufficiently exhaustive to characterize all behaviors of people who are seeking help. In someone's judgment, the behavior is viewed either as inappropriate and/or incompetent. In the ecology of the school, the inappropriate behavior, as judged by the teacher, may involve the child's talking out, time off task, out of seat, verbal and physical aggression to others; incompetent behaviors may involve reading and mathematical skills below grade and/or ability level.

We do not stigmatize the youngster by labeling the inappropriate and/or incompetent behaviors as due to retardation or mental illnesses such as neuroses, psychopathies, psychoses. Furthermore, we do not assume that the problem is "in" the youngster and, therefore, we do not take him out of his classroom because he is contagious and disruptive and must be treated and cured before he can be returned. In contrast to the medical model, we break the vicious circle of taking the youngster out and placing him in a treatment center of special education, clinic, residential, etc., by intervening directly in his natural ecology. We do this on the assumption that behavior is learned and maintained in such support systems and, therefore, instead of taking the youngster out we put something in - a liaison-teacher-counselor who uses ecological strategies and behavior modification techniques to help the youngster in his natural support systems. This breaks the revolving door phenomenon that we know in mental health, wherein the youngster is placed in special education, home for delinquents, hospital, etc., for which the recidivism rates are extremely high. Operating on the assumption that the problem is "within" the

person, who must then be cured, research findings suggest that when the person is returned to his natural support systems, his previous symptomatic behaviors return. The cycle tends to repeat itself.

The assumption underlying the 3R model states that you cannot inoculate against behavior - behavior begets behavior. Therefore, we intervene in the person's natural support systems. Learning theory, particularly behavior modification techniques, are most applicable. Lindsley's technique of precision teaching - pinpointing, recording, consequating and evaluating - are used. We are then able to accelerate appropriate behaviors and decelerate inappropriate behaviors using parents, teachers and other non professionals in the child's natural ecology. We therefore do not need to use highly trained mental health specialists and build expensive treatment facilities. We train students, parents and teachers to manage their own behaviors to beget more appropriate behavior, and teach them how to decelerate their own and others inappropriate behaviors.

This model is in agreement with William Glasser's assumption concerning mental illness, and that we are all responsible for our behaviors. Therefore, we get involved with each child on the assumption that he is responsible for his behavior. We are not concerned with the antecedents, i.e., the etiological causes and motivations, but deal on an ahistorical basis with present behaviors. Behavior is not perceived as symptomatic of a disease process. We do not focus on emotional insight to bring about behavior change. The question is, "What are you doing?", and not "Why are you behaving this way?" Since neither we nor the person can manipulate nor change the antecedent conditions of his behavior, we do not focus on these. We assume that the subsequent history of any behavior that occurs is determined by its immediate consequences. It is these present behaviors - their contingencies and reinforcement schedules - that become the focus of concern.

The following is a brief review of "testable hypotheses" deduced from this psycho-educational model. Extensive research literature exists on the behavioral model - Skinner, Lindsley, Bandura, Mowrer... - too numerous to document here. Support for William Glasser's reality therapy approach comes from demonstration projects, e.g., ghetto schools in Watts, Los Angeles; Shaker Heights, Cleveland, etc. While the results are supportive, they are based on demonstration studies without hard research data. Dr. Nicholas Hobbs' Re-Ed model, however, has produced hard data indicating its effectiveness. Supported by a seven year National Institute of Mental Health grant, as well as several million dollars from the State of Tennessee, the Re-Ed approach demonstrated that children become more academically competent and reverse the declining achievement curve usually associated with such discordant children. In addition, after an average stay of six months in Re-Ed, the youngster is returned and maintained in his regular school program.

Project Re-Ed was a new conceptual scheme for working with socially-emotionally disturbing children. It was a highly individualized educational program with interdisciplinary clinical participation. Utilizing short-term intervention for each child, it was essentially an educational model, teacher-pupil oriented, as differentiated from the classical medical model of clinical intervention. Project Re-Ed provided an educational experience for the child in a setting in which he experienced as little discontinuity as possible from usual patterns of living. In this setting, teachers were the "natural workers" helping pupils to learn, in day-by-day living, more appropriate ways of behaving.

The central concept of Project Re-Ed was the reeducation of discordant children, here and now, to acquire academic competence and more appropriate behavior through ecological strategies. An ecological unit was made up of the child, his family, his school, and the community. A child is an inseparable part of such small social systems.

The social consequences of discordant behavior were examined, and there was not an over-commitment to psychotherapy with its concomitant uncritical acceptance of "cure" as the goal in working with a child. The child's problem was not initially defined as "illness." Re-Ed accepted that some children are "ill," but did not define all "disturbed" children as such. It questioned some basic assumptions: the preoccupation with the intra-psychic life of the child; the extended isolation of children from their families - the presumed source of contagion; the limitation of professional roles; the neglect of schools and education in helping socially-emotionally maladjusted children. Cure was abandoned as a goal and the focus was to help restore small social systems to a point of adequacy where the probability of continued successful functioning outweighed the probability of failure.

The following are the process goals developed by Dr. Hobbs, et al., for Project Re-Ed; they also served as the bases for Project 3R:

1. To develop trust. These children are typically impaired in their ability to learn from adults based on their many experiences with adults who may have been deceptive, unpredictable, and threatening. They frequently approach adults anticipating punishment, rejection, and criticism. Trust with understanding, therefore, opens avenues toward new learning, helping the child know that he can use adults to learn how to read better, how to compute, how to be loving, how to be comfortable with oneself. In Glasser's terms, we must get personally involved with each child. We become "role" oriented before "goal" oriented - get involved with his identity needs of loving and being loved before we move to goal oriented needs of the school for reading, math, etc.
2. To build competence. Lack of academic progress and inability to use educational materials is one of the most common characteristics of emotionally disturbing children. The ability to do something well gives a child confidence, self-respect, and gains for him acceptance from other children, from teachers, and from his parents. The primary goal is to improve academic competence, particularly in reading and math. Goal is to have each child on an individualized program with tasks presented at his instructional level. Expect child to make a month-per-month gain or better in achievement. Getting the youngster to grade or ability level is not the objective, per se, but to get academic growth and have this maintained by the liaison-teacher-counselor support for a two year period.
3. To control symptoms. Symptoms are important in their own right and deserve direct attention. Some symptoms are better to have than others. Those symptoms that alienate the child from his friends or from the adults he needs for security or as a source of learning are less desirable. Usual therapeutic approaches do not treat symptoms but try to uncover the underlying causes and conflicts. Explanations involving minimal pathology were generally used in Project 3R as opposed to deep psychological explanations. Some children, however, were still involved in intensive psychotherapy as a part of their ecological system.

4. To increase appropriate behaviors. We do not view disruptive behaviors as symptoms of a disease process. Our purpose is to decelerate inappropriate behaviors and accelerate appropriate behaviors. Behavior modification, specifically Lindsley's precision teaching technique of pinpointing, recording, consequating and evaluating student behaviors are used. After pinpointing and recording for base rates, inappropriate student behaviors of talk outs, tantrums, not completing tasks, out of seat, etc., behavior modification is used. Starting with a token economy, then grid, to social reinforcers, appropriate behaviors are reinforced and inappropriate behaviors are ignored. Thus, from established base rates, we measure increases and decreases in appropriate/inappropriate behaviors, respectively.

The pow-wow technique, based on Glasser, uses a group process every morning wherein the child selects a behavior that he wants to accelerate or decelerate and a group process is used to reinforce the desired change. It also represents a move from extrinsic reinforcements resting with the teacher to an intrinsic level where the child himself makes a value judgment about his behavior and is given a means for increasing or decreasing his behavior.

5. To nurture feelings. A child needs to feel that he owns all of himself without guilt; he has to understand his anger, his resentments, his affections. This approach can help him learn to control his violent impulses, to learn to help others express their feelings, to learn to experience simple joy in friendships, and to learn to look forward to some joy-giving event that is planned for tomorrow - hope.
6. To involve the child's ecological systems. The system may "go" as a result of a marked improvement in any component (the father may stop drinking and go back to work, child makes a new friend, teacher develops appropriate expectancies, tasks and rewards), or it may work as a result of modest improvement in all components. The effort is to get each ecological system to a "go" level in as short a period of time as possible where it appears that the systems will function exceeds the probability that they will not. The child defines the system and withdrawal from it is made at the propitious moment.

Two ecological strategies are used: (1) intervene within a support system by developing appropriate (a) expectancies, (b) tasks, and (c) consequences, and (2) add new support systems for the child. This represents Albee's social-competence model.

7. To return the child to the normal school environment as quickly as possible. Because the model emphasizes getting the ecological system up to a "go" level, it is assumed that the Re-Ed unit will be necessary for a minimum amount of time for the child. It was also the intention of Project 3R to disrupt the normal school environment of the child as little as possible (average stay of 6 months) and to balance the ecological system as quickly as possible.
8. To pave the re-entry and follow-up once the child returns to his primary setting. In many programs there is little or no follow-up once a child returns from a hospital or is terminated at a clinic. If only his regular teacher knew of his newly developed skills and interests, his mother his joy in reading, his father his interest in fishing, his friend his willingness

to be second when necessary! Liaison between the school of origin and the Unit is provided. The child is more apt to meet open arms than resistance in such a planned re-entry. Our goal is to provide a minimum of a two year follow-up - primary function of the liaison-teacher-counselor. She not only works with sending and receiving teachers, but with the child's parents. Monthly meetings are held with parents using the Madsen and Lindsley techniques for parents in developing and maintaining appropriate behaviors.

D. Organizational Structure

1. Boards of Education.

The working agreements among the four towns established in 1966 for the creation of the Cooperative Special Services Center made the Suffield Board of Education legal entity responsible for the CSSC. These agreements continued with Suffield as the legal entity for receiving funds for the Project. East Granby, East Windsor and Windsor Locks established agreements with Suffield for services in accordance with this Project with funds being assigned to Suffield.

2. Advisory Council.

The Council was comprised of the Superintendents of the four towns, the Assistant Superintendents of Suffield and Windsor Locks, and the Director of the CSSC. It functioned as the policy forming body recommending policy in the best interest of the participating boards of education. The Suffield Board of Education, as legal authority, approved all recommendations and actions of the Advisory Council and delegated administrative responsibility through the Advisory Council.

3. Principal Investigator, Director, CSSC.

The Director is responsible to the Advisory Council. As the Principal Investigator for Project 3R, he functioned as its coordinator and was responsible for assisting in the overall development of the Project in accordance with policies established by the Advisory Council. Specifically, he was responsible for such matters as the following:

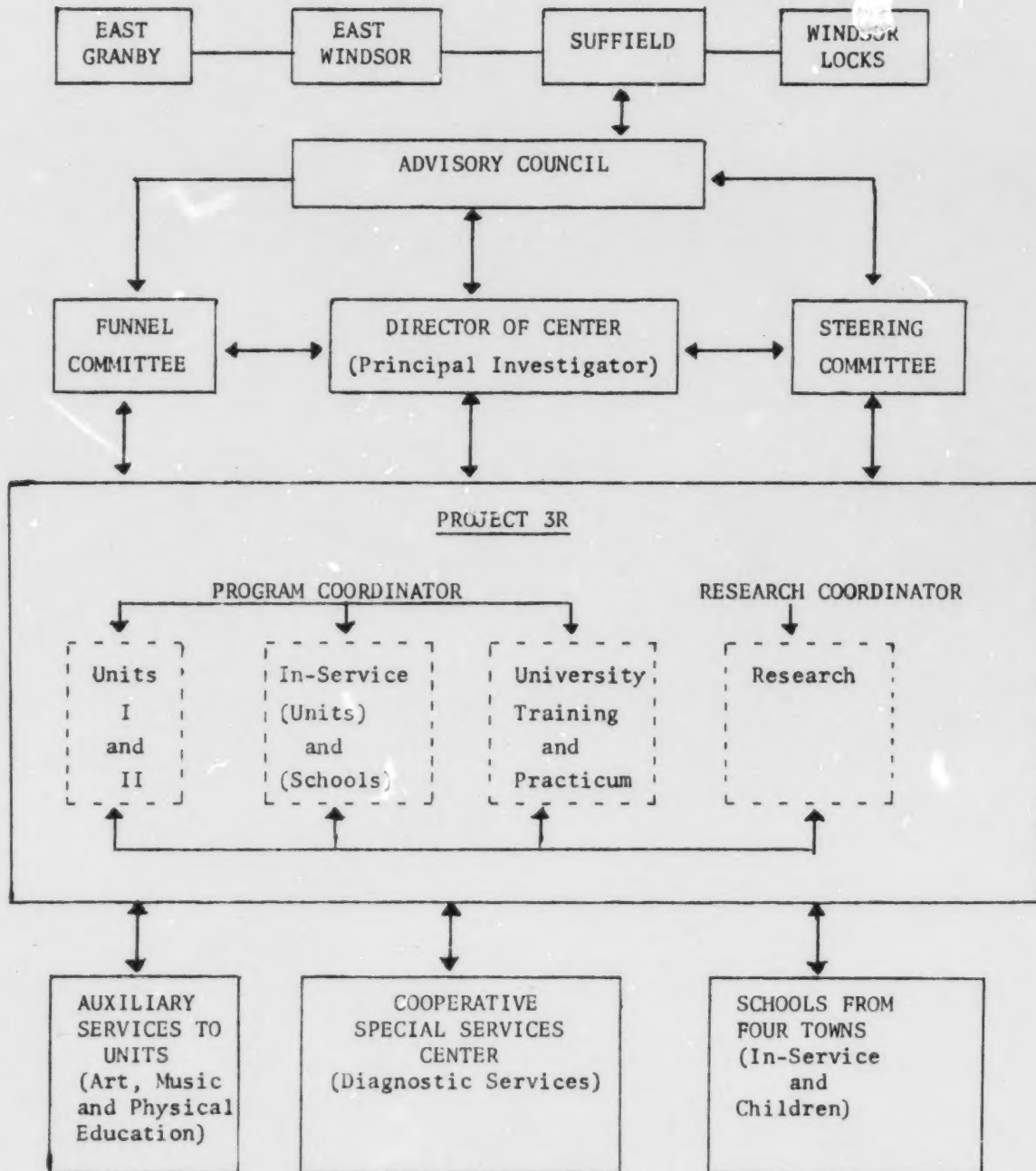
- a. Communication. A major responsibility was to assist in the process of evaluation and redefinition of goals by facilitating communication among all participating groups.
- b. In-Service Program. He was responsible for planning and assisting in the development of in-service training activities.
- c. Consultation. The effective use of consultation was the cornerstone of Project 3R. The basic idea is that good - but less extensively trained - people can effectively work with discordant children provided they are backed up by outstanding consultants who know how to expand their own usefulness by working through other people. The challenge was to achieve a double gain in our manpower shortage. The psychologists, psychiatrists, social workers, and speech therapist on the CSSC staff were available and functioned with a change in emphasis. Teachers had to be helped to learn how to use the help of consultants. The success of Project 3R depended on the level of skill that could be developed in giving and using consultation services.

- d. Research. He assisted in the planning and conduct of evaluation studies.
 - e. Annual Reports and Budgets. He was responsible for such reports and budgets as were necessary for the orderly development of the Project.
4. Funnel Committee.
- This Committee was composed of the Directors of Guidance in each of the towns and the Director of the CSSC. It had a primary function to control the distribution of all services and approve placement of children in the Cooperative Special Education Programs. All referrals to the CSSC and pupil candidates for placement in special education programs were funneled through this Committee.
5. Steering Committee.
- This body was linked to key operating positions in the Project. It included the following: Director, CSSC as Principal Investigator; Program Coordinator; Senior School Social Worker; Principal of the school in which the Project Unit is located; Directors of Guidance in Suffield and East Windsor; Research Coordinator; and the Teacher-Counselor and Liaison-Teacher-Counselor. This Committee met frequently to plan for the orderly development of the program, and to give attention to such problems as the following:
- a. Identification and description of procedures in the Unit.
 - b. Development of a consensus of purpose and direction among all concerned with the program.
 - c. Integration of teaching and practicum experience.
 - d. Development of curricula.
 - e. Evaluation of program.
 - f. Preparation of brochures, pamphlets, and video-tapes that were of value in dissemination.
6. Schools.
- For ready access and communication, the Unit was located near the children and families they served. The Unit was located in an elementary school as part of the total educational program of that school and participated in the general activities of the school such as lunch program, library use, assemblies, etc. This allowed children in the Unit to practice new learnings in natural ecological settings so that the alienation that is so often a consequence of separate classes could be avoided. The children would visit their regular class or school to insure involvement. Where possible, children used local bus transportation, but children from other towns were transported by special vans. Re-Ed experience demonstrated that the closer a child was to his school, the more effective are the ecological strategies.

The principal of the school in which the Unit was located had jurisdiction over the Unit, children, and staff with regard to school policies. The Principal Investigator and the Principal of the school were responsible for the operation of the class. It is estimated that the Principal devoted ten percent of his time to these duties.

Figure 2

BOARDS OF EDUCATION



E. 3R Unit Organization

1. 3R Unit Structure. A team of carefully selected and trained teachers backed by consultants from the mental health professions worked with socially-emotionally disturbing children in a day-school treatment Unit. The Unit was centrally located in the four towns at the South Street School in Windsor Locks. At capacity they served eight children, ages 6 to 12, who were evaluated by the CSSC team and referred to the Unit via the Funnel Committee.

A notable modification of Dr. Hobbs' model was the extended school day as compared to his five-day residential program. While it was not feasible to replicate a residential program, it was necessary that the program for these children be so interesting, so engaging, so tuned to success, so instructive in group living, and so self-fulfilling that the child was immediately caught up in behavior befitting a "normal" child. In order to provide such a program, an extended day - 8:30 a.m. to 4:30 p.m. - was necessary.

In this program, it was almost impossible for a child to have behaved "abnormally." When he did behave in keeping with someone's "diagnostic expectations," the staff assumed that the program was at fault, not the child. Many of the children who were in the program defied diagnostic labels. They had, most probably, one common characteristic: an identity failure as demonstrated by either withdrawing within themselves (neurotic, psychotic) or by acting-out, anti-social behavior (rule breaker, delinquent). These were lonely children who were not involved in the business of school and who continued to behave irresponsibly because their basic-need pathways - loving and being loved as well as feelings of personal worth - were blocked. They needed someone to become involved with them - someone who cared and was concerned in helping them behave more responsibly. We defined responsibility in Dr. William Glasser's terms as behavior that fulfills one's basic needs and does not prevent others from fulfilling theirs. A child, in order to learn, must have a school experience that demonstrates someone cares by getting personally involved with him and then present academic material that has relevance to him.

The program aimed at an intervention which sought the least practical disruption of the normal patterns of school living. The aim for the Unit was to return each child as quickly as possible to usual school and life routines. In so doing, the Unit served 9 to 12 children in a school year, each of whom stayed an average of six months.

The Unit was dedicated to the strategies of team teaching, individualized instruction, and inter-dependent study, and to the educational goals which these strategies can attain.

Team Teaching: The teacher-counselor, the liaison-teacher-counselor, aide, and program coordinator constituted the teaching team and were responsible for prescribing the goals and strategies that were employed day-to-day in the Unit.

Individualized Instruction: Each child in the Unit had his academic program tailored to his specific needs based upon his instructional levels. Behavioral modification strategies were employed to achieve these goals. (Several key

staff members of this project attended a two-week intensive workshop with Drs. Simmons, Taylor, and Hewett of the Neuro-Psychiatric Institute, UCLA, on current behavior modification techniques with discordant children. Other workshops with Dr. Graubard, Yeshiva University, were conducted. (Dr. Lindsley's precision teaching - pinpointing, recording, consequating, and evaluating - were specific techniques used.) Techniques developed by Dr. William Glasser in his Reality Therapy were also used in working with individual children. In addition, his group techniques, e.g., social problem solving meetings, educational diagnostic meetings, and open-ended meetings, as presented in his book, Schools Without Failure, were used.

Inter-dependent Study: The goal of inter-dependent study is to produce self-educating individuals who learn-to-learn. While behavioral modification techniques using operant conditioning with initially high reliance on extrinsic rewards and motivations were employed, there was a systematic movement towards developing intrinsic motivation and rewards. Glasser's technique was instrumental in moving in this direction, so that the center of decision making rests with the child in his making a value judgment, a plan, and a commitment to follow it through. This process begins by becoming personally involved with the child, dealing with his present behaviors, holding him to his commitments and accepting no excuses nor giving punishment. Learning, therefore, is inter-dependent; it is getting involved with another person first - role needs - and then moving toward goal needs of math, science, etc.

2. The basic Unit consisted of the following staff functioning as a team:
 - a. Teacher-Counselor was responsible for day-to-day planning and for teaching each child. Because the teacher-counselors were most closely involved with each child, they were essentially the backbone of the Unit.
 - b. Liaison-Teacher worked closely with the teacher-counselor and met daily in planning sessions. She was the link between the child and his classroom of origin and functioned as a bridge between the Unit, the home, and other systems of the child's ecology. She participated in the initial evaluation and placement process and worked toward a smooth return of the child. She periodically (6 months) followed up the child and was supportive to his teachers to help maintain the gains the child made, thereby sustaining the new equilibrium of the ecological system. She also aided the research staff by making observations at given periods of time.
 - c. Teacher Aide was a part-time para-professional who assisted the teacher-counselor in a variety of non-professional functions and relieved the teacher-counselor for team planning, consultation, etc.
 - d. Program Coordinator was in a staff relationship and a member of the Unit team. She had shared responsibilities with Central Connecticut State College and Project 3R. As a staff member at Central, she was involved in instruction and training in the area of special education. The Unit provided a practicum field experience for graduate students as well as providing in-service training for Unit and local teaching staffs. Her responsibilities to Project 3R were to help develop program. She coordinated Unit operations including in-service sessions, videotapes, selection of materials, selection of graduate students for practicum, etc.

- e. Diagnostic Team, CSSC. In addition to the above, the Unit team had available to them consultative services of the following staff, either individually or on a multi-disciplinary team basis: three social workers, full-time, for evaluation, individual and group meetings with parents, and referrals to community agencies; three full-time psychologists and two half-time for evaluation and consultation; three psychiatrists, each for two hours a week, for evaluation of children and consultation to the team; and speech and hearing therapist for diagnosis, consultation, and therapy.

It is notable that the Unit team had primary responsibility for providing the program for the children. We wanted to make this function most visible to highlight the education model as contrasted to the medical model.

Auxiliary services including music, arts and crafts, and physical education (swimming) were provided by four town teachers as a part of the extended day.

3. In-Service Training.

- a. Unit Staff. In the initial staff training periods, the Program Coordinator, Unit teachers, and special service staff had an opportunity for training sessions at Project Re-Ed, George Peabody College, Nashville, Tennessee. While participating in this training, staff video-taped, by portable unit, techniques and practices observed. These tapes were used both for additional review by Unit staff and for later dissemination as part of the in-service program for local school staff.

The first phase of in-service training for Unit staff concerned orientation to theory and research. A professional library consisting of significant texts, journals, and research papers was developed. This library functions as a resource to the total staff in the four towns.

Portable video-tape equipment was used for invited consultants in demonstration workshop sessions with children. As part of our psychological and psychiatric evaluation procedures, video-tapes were made of actual behavior in class and in the Unit. Video-tape segments of teaching techniques employed in the Unit were available to the liaison-teacher-counselor for use with school staff and to facilitate re-entry of the child into the regular program.

In May, 1969, as part of the tooling-up process, a program involving consultation for leadership (principals, guidance counselors, special service staff) was presented by Dr. Wilbert Lewis. The two-fold purposes of this program were an orientation to theory and an emphasis on its implications for operational implementation of the Project.

- b. In-Service for Total Staff. The entire educational staff of the four towns participated in the in-service training programs. There were workshops using such widely known figures as Dr. Carl Fenichel and these sessions were concerned with Project issues of theory and practice. The general sessions were followed by local staff workshops. A major in-service component was observation of the Unit by regular classroom teachers. Special teaching techniques developed in the Unit were video-taped for use with the staff.

III. EVALUATION OF GOALS

- A. We Proposed to Demonstrate How Independent School Systems can Cooperate to Provide on a Regional Basis an Educational Program of High Quality for Behaviorally and Academically Disturbing Children.

1. Effort. In terms of effort, prior to the Project there was no program of direct services for socially-emotionally maladjusted children in the four towns. Since the introduction of Project 3R, diagnostic services have expanded, but most importantly, an educational intervention program has been established. The Unit has as a primary focus, helping those children with moderate to severe problems who, heretofore, could not be maintained in a regular class program and were confronted with suspension, residential placement, or exclusion.
 - a. Number of Students Served. During the 3rd year of this Project, the 3R intervention program provided direct services to 12 children in the Unit while similar educational techniques and methods were applied in the regular classroom setting to approximately 282 other children. Over the three year span of the program there was a total of 33 children in the Unit and approximately 590 other children receiving service from the 3R staff.

Table II shows the number of students who were given diagnostic and/or direct service by 3R personnel. The pattern portrayed by the data is an increase from the first year to the second, but then stabilization at the second year level for the diagnostic staff. However, the pattern for liaison-teacher-counselor increases remarkably in the expected direction consistent with her role and function.

The data clearly indicate that the direct services offered by the Unit facilities and personnel were only a small proportion (4%) of the total. The data for the liaison-teacher-counselor is presented for each individual year (new referrals) as well as the cumulative total since each student was serviced and followed for a period of three years.

- b. Conferences. Table III is a summary of the conferences in which the psychologist and social worker participated. The figures were based on individual conferences so that if our psychologist met with a child five times, it is so tallied. The total figures continue to indicate that our services were consistent with the ecological model in which we were working. As a measure of effort, 1,069 conferences were held; 198 by the psychologist and 871 by the social worker. The total conferences represent about a 32% reduction in the number of conferences held last year, with the greatest reduction on the part of the psychologist (49%). These figures however did not include the cases seen by the psychiatrist, which at a minimum involved an interview with the child, teacher, principal, psychologist, and sometimes parents.

TABLE II

Number of Children Served by 3R Staff For
1969-1972 for Both Diagnostic and Instructional Teams.

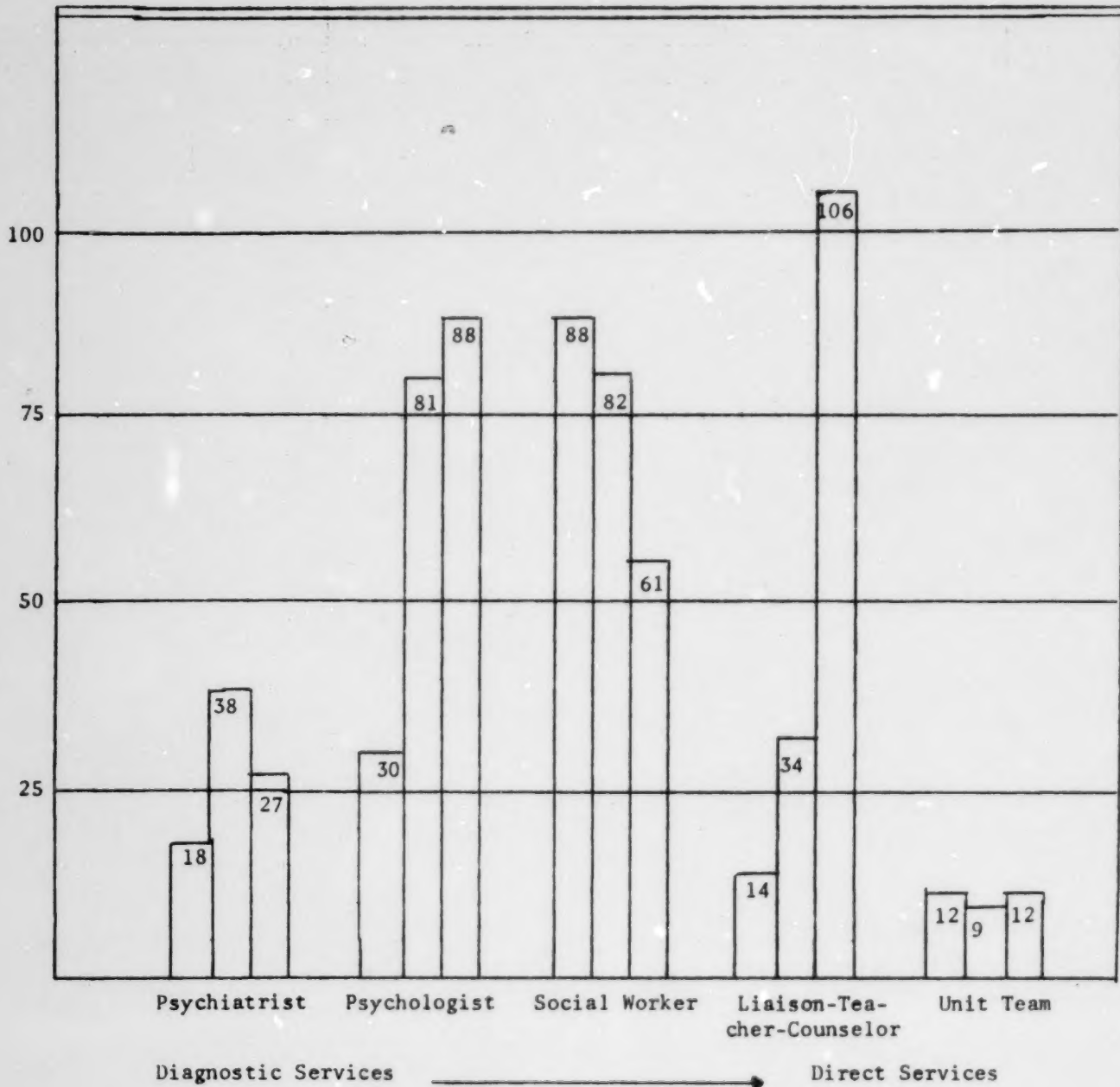


TABLE III

Number of Conferences Held by Psychologist
and Social Worker in 1971-72.

Conference	Psychologist	Social Worker	Total
Child	88	66	154
Parent	29	88	117
Home Visit		37	37
Principal	11	224	235
Guidance Counselor	23	216	239
Classroom Teacher	21	142	163
Other Staff	26	16	42
Nurse		66	66
Agency		16	16
Total	198	871	1069

TABLE IV

Summary of Achievement Levels and Mean Grade Equivalents
for Students Evaluated in 1971-72 Based on Metropolitan
Reading Achievement Tests.

Gr.	No.	Distribution of Grade Levels						Mean Gr. Equiv.	Mean I.Q.
		<-2	-2	-1	L	+1	>+2		
1	22			2	19	1		1.5	103
2	15			8	7			2.1	97
3	12			3	8	1		3.4	104
4	23	5	4	6	4	1	3	3.7	97
5	14	2	5	3	2	2		4.3	101
6	9	4	2	1	2			4.9	106
7	7	3	1	2	1			5.1	93
8	11	4	3	1	3			6.1	91
9	4	3				1		5.8	97
Total #	117	21	15	26	46	6	3		99.2
Total %		18%	13%	22%	39%	5%	3%		

c. Evaluation of Academic Behavior on Competence-Incompetence Dimension.

Table IV is a summary of the degree of academic competence for the students who received 3R services during 1971-72. The levels of competency were based on the degree to which each student deviated from grade level. These deviations were based upon the number of months above or below the expected grade level at the time of testing. Thus, if a student fell within five months below grade level, he would be considered at a midpoint in terms of academic competency. If he was greater than 5 months above (+) or 5 months below (-) from expected grade level, he would be so indicated by tallying him as +1 or -1, respectively. The greatest degree of academic competency then would be $>+2$ and the greatest degree of academic incompetency as <-2 .

Table IV indicates that with respect to academic competency 39% were within 5 months of grade level; 53% were below grade level; and only 8% were above grade level.

There was a trend towards academic incompetency as we moved towards the upper grades. The mean IQ's, however, indicate that the intellectual capacity remained essentially constant across grade levels.

There was some support to indicate the generality of the findings from the third year students. Table V shows the academic competency for the students assessed initially in 1970-71, in the 2nd year of 3R, and their level of academic competency as measured again in 1971-72. About 28% were on grade level with about 55% below. Again, a trend was seen such that there was greater academic incompetency as the grade increased.

The data from Tables IV and V indicated that the majority (81%) of the diagnostic and direct services went to elementary school children, although there was representation in all grade levels. The mean IQ is 99.2 for the 1971-72 students and 98.5 for the 1970-71 students, which are just about at national average.

d. Evaluation on Dimension of Appropriate-Inappropriate Behavior. Evaluation of the degree of appropriate-inappropriate behavior was made by the psychologist or psychiatrist. Table VI shows the distribution of diagnoses of the students for whom these evaluations were made. These categories were anchored to the medical model with severe being those children showing behavior that would be psychotic, severe character disorders, or multiple handicapped; moderate being those equivalent to the neurotic disorders requiring professional intervention on an outpatient basis; and mild being essentially equivalent to normal problems in living related to developmental or situational factors.

Table VI further shows a comparison between 1971-72 and 1970-71 with respect to both number and percentage of students being diagnosed within the medical model. There were less who were diagnosed in the severe category and more in the mild category.

The shift from the medical diagnoses to the dimensions of appropriate-inappropriate and/or competent-incompetent will be the focus for future evaluations of children. This represents a conscious effort to move in the direction consistent with the behavioral model underlying the 3R program.

TABLE V

Summary of Pre and Post Achievement Levels for 1970-71 and
1971-72 Students Based on the Metropolitan Reading Achievement Tests

Gr.	No. 1971-72 Post	Distribution of Grade Levels							Mean Gr. Equiv.	Mean IQ
		<-2	-2	-1	L	+1	+2	>+2		
1	11			4	5	1	1		2.3	98
2	6			3	3				2.5	95
3	13			4	6	1	2		4.2	99
4	7		2	3		2			3.6	96
5	11		2	4	1	3	1		5.4	103
6	14	2	4	4	4				5.1	105
7	7		3	3			1		5.1	87
8	2	1			1				6.2	89
9										
Total#	71	3	11	25	20	7	5			
Total%		4%	16%	35%	28%	10%	7%			
Gr.	1970-71 Pre	Distribution of Grade Levels							Mean Gr. Equiv.	Mean IQ
		<-2	-2	-1	L	+1	+2	> +2		
1	11				8	3			1.5	98
2	6			2	3	1			1.8	95
3	13		1	5	3	4			2.7	99
4	7		4	2	1				2.7	96
5	11	2	3	1	2	1		2	4.5	103
6	14	3	1	7	3				4.4	105
7	7	5	1					1	4.9	87
8	2			1		1			7.8	89
9	1							1	10+	115
Total#	72	10	10	18	20	10		4		
Total%		14 %	14%	24%	28%	14%		6%		

TABLE VI

Number and Percent of Students Evaluated in 1971-72
on Dimension of Appropriate-Inappropriate Behavior.

Category	Number		Percent of Total Diagnosed	
	1970-71	1971-72	1970-71	1971-72
Mild	10	42	9	40
Moderate	69	48	68	47
Severe	24	14	23	13
Total	104	103	100	100

2. **Effect.** Behavioral Objective: Students will improve their reading achievement as a result of receiving services from the diagnostic team and the liaison-teacher-counselor as measured by pre and post administration of the Metropolitan Achievement Tests.

Table VII shows the academic achievement in reading as measured by the reading scale of the Metropolitan Achievement Test. The data indicate that there was a mean change of almost .9 months per month between pre-and post-tests across all grades. This figure is just a tenth below that month-per-month growth which is expected from a typical elementary school population. The data further indicate that this growth is not uniform across all grades but that it tends to vary. This was a positive finding and takes on greater significance when, as shown in Table IV, the majority of the children served are below grade level. The intervention of the diagnostic team and the liaison-teacher-counselor was instrumental in improving achievement to an expected month-per-month growth. This intervention reverses the declining achievement curve found with such discordant children.

Measures of academic achievement for the children enrolled in the Unit are reported below under B.

TABLE VII

Reading Achievement Level Growth as Measured By
Metropolitan Achievement Test for Students Seen
for Diagnostic and Consultative Services (not
Unit) Measured in Spring 1971 and Spring 1972.

Grade	1	2	3	4	5	6	7	8	9	Total
Number	11	6	13	7	11	14	7	2	1	72
Mean Month-per- Month Gain in Achievement	.95	.62	1.90	.80	.80	1.23	.34	-2.4	-7.	.89

3. Adequacy. With respect to the adequacy of the Project to provide help for the total number of behaviorally and academically disturbing children in the four towns, Project 3R is beginning to close the gap between those who are in need and those who are receiving help. Research studies indicate that 5% to 10% of school populations suffer a degree of disturbance requiring some form of professional intervention. Employing this base line, the 5% represents 500 students in the four town population of approximately 10,000 pupils. The services that are supported by Project 3R now account for approximately 59% of this number as compared with about 49% in 1970-71, and 32% the first year. A large treatment gap still exists, however, for only 4% of the students provided diagnostic and consultative services are involved in the intensive intervention provided by direct services of the Unit. It is here that the gap is mammoth. Recognizing the extent of this gap the cooperating towns are establishing a second Unit.
 4. Efficiency. With respect to the efficiency criterion, the cooperative approach, at face value, is a more efficient operation in terms of quantity and quality of program than any one of the individual school systems could provide on its own. Of the 12 children served in the 3R Unit this year, each town participated on an equal basis and was permitted two children each at any one time. The factor of relatively low incidence of moderate to severely socially-emotionally maladjusted children in a given town would prohibit the development of a comparable program independently. If not for the Project, these children served by the 3R Unit, each of whom ultimately will return to a regular classroom setting, the individual towns would have been faced with the cost of an alternate mode of intervention- quite possibly residential placement - at an approximate minimal cost of \$9,000. In the first year one student, who was inappropriately placed in the Unit, was placed in a residential program. With the respect to cost, therefore, Project 3R as a treatment mode versus a residential treatment mode is less expensive both in dollars and humane values. We estimate an average cost of \$230. per student served by 3R across all services. Using transportation, teacher-counselor, aide, part-time secretary, we estimate that the per child cost of the Unit is approximately \$1,500. If we include the liaison-teacher-counselor and the students she services, then the cost per student is \$194. for the educational team serving the Unit.
 5. Process. With respect to the criterion of process, the organizational structure for the Project has been accomplished by integrating the 3R operations within the existing cooperative arrangements. This has already been discussed. The cooperative-collaborative strategy involving the four towns and personnel at a variety of levels has resulted in positive working relations and created a high quality program for socially-emotionally maladjusted children with positive ripple effects benefiting all children.
- B. We Proposed to Demonstrate How, by Adapting Project Re-Ed, a Model Developed by Dr. Nicholas Hobbs, et al., at George Peabody College, We Would Meet our Need for Providing an Educational Program for Behaviorally and Academically Disturbing Children.
1. Effort. Project 3R provided direct services to behaviorally and academically disturbing children in two ways. The liaison-teacher-counselor provided direct service to these children by her intervention within the normal school framework involving such activities as direct work with children, conferences with teachers and other school personnel, as well as conferences with parents.

The objective of this phase of the intervention program was to increase the achievement levels as measured by the Metropolitan Achievement tests. This year the liaison-teacher-counselor worked with a total of 106 students.

The second manner of direct services under this Project was the educational intervention that was provided in the 3R Unit. Twelve (12) students were enrolled in the Unit during this academic year for a mean duration of approximately four months each. This educational intervention stressed progress in terms of movement from academic incompetency towards competency and from inappropriate behavior towards appropriate behavior.

2. Effect. The effect of this program on the children was evaluated by the following behavioral objectives:

- a. Students in the 3R Unit will increase their achievement in reading and arithmetic as measured by the Metropolitan Achievement Tests. (Administered pre and post.)

The 3R Unit provided direct services to 12 pupils using individualization of instruction, behavior modification, and reality therapy techniques. They were provided with on-going social work, psychological, and psychiatric consultation from the CSSC team employing ecological strategies.

Table VIII presents the summary of the Metropolitan Achievement Test scores. The comparison between pre and post measures when adjusted for the number of months enrolled in the Unit shows that there was a high degree of academic growth. Although each child in the Unit is below grade level, the mean growth per month per student was greater than the normal expectancy of a month-per-month growth. None of the scales had less than a mean of 1.5 month-per-month gain in grade equivalent. In fact, most children who are considered to be behaviorally or academically disturbing show a decline in the month-per-month gain. The changes we observe are consistent with those being reported from the Re-Ed program and, in fact, are higher. It is interesting to note that this degree of academic improvement was not present last year. The change this year may be due to our systems and feedback approaches. Thus, on the basis of last year's evaluation, it was decided that more emphasis should be placed on academic performance. While none of the changes show statistically significant changes, the trend is quite clear, a marked increase in academic competency.

To estimate the long term effects of the 3R Program on academic competency, a comparison was made of the present grade equivalent level of former students in the 3R Unit with those at their last testing in the Unit. While the students still demonstrate some degree of academic incompetency (mean of almost 13 months below grade level), the amount of growth has been an average of 1.26 months-per-month gain. This is very encouraging since it demonstrates that the students are now able to progress academically and, in fact, at slightly better than the month-per-month gain that is expected of the typical student.

TABLE VIII

Pre and Post Measure of Academic Achievement as Measured
by the Metropolitan Achievement Test for the Children
Served in the 3R Unit During 1971-72.

Academic Skill	No.	Mean Grade Equivalent Pre-Test	Mean Grade Equivalent Post-Test	Mean Change Per month Per Student	Median Change Per Month Per Student
Word Knowledge	11	2.61	3.33	2.4	(1.3)
Word Discrimination	5	1.98	2.72	2.0	(1.0)
Reading Comprehension	11	2.27	2.89	1.7	(1.2)
Arithmetic Concepts	6	3.27	4.03	5.5	(1.4)
Arithmetic Skills	5	1.92	2.48	1.5	(1.5)
Arithmetic Problem Solving	6	3.13	3.90	4.2	(3.0)

- b. Students enrolled in the Unit will improve their appropriate behavior as measured by the Devereux Elementary School Behavior Rating Scale.

An important thrust of the 3R ecological model is to decrease inappropriate and increase appropriate student behaviors, which is often necessary for improved academic competency. By providing appropriate expectancies, tasks, and consequences in the Unit, this ecological strategy alone decelerates many disturbing student behaviors. Systematic behavior modification and reality therapy techniques used with this ecological strategy have resulted in improved behavior.

The Devereux Elementary School Rating Scale was administered before the 3R Unit by the home-school teacher; upon entry to the 3R Unit; every month thereafter until the student was returned to his home school; and then once again upon return to his home school. Thus, we were able to make several estimates of the students' growth with respect to appropriate behavior. We can examine the changes in behavior with respect to appropriateness that might be due to the 3R Unit from the home teacher's perspective or from the Unit teacher-counselor's perspective.

Table IX presents the Devereux Elementary School Rating Scale data as perceived by the home classroom teachers. The data are listed by behavioral factors and show the expected mean absolute change, and the mean change adjusted on a per month basis. The last column indicates the direction of desired change.

TABLE IX

Devereux Elementary School Rating Scale Raw Scores
For the Five Children Returning to Home School As
Perceived by Home Classroom Teachers.

Behavioral Factor	Appropriate Level *	Pre-Unit	Post-Unit	Absolute Change	Adjusted Change	Direction of Desired Change
Classroom Disturbance	9.9	18.6	13.4	-5.2	-.77	-
Impatience	9.7	18.8	14.0	-4.8	-.79	-
Disrespect-Defiance	5.8	12.6	8.0	-4.6	-.75	-
External Blame	6.5	14.0	7.3	-6.7	-.83	-
Achievement Anxiety	8.3	12.7	5.7	-6	-.87	-
External Reliance	13.7	24.0	21.5	-2.5	-.36	-
Comprehension	12.9	6.8	9.0	+2.2	+.41	+
Inattentive-Withdrawn	9.3	17.2	12.0	-5.2	-.68	-
Irrelevant-Responsiveness	7.5	14.0	8.5	-5.5	-.86	-
Creative Initiative	11.4	7.8	9.6	+1.8	+.17	+
Needs Closeness To Teacher	14.4	10.6	11.4	+ .8	+.08	+
Unable Change	2.4	4.6	3.6	-1.0	-.26	-
Quits	2.6	6.6	4.2	-2.4	-.52	-
Slow Work	2.7	5.0	3.0	-2.0	-.64	-

*This is the mean of typical elementary school children from all grades.
Mean Time between pre and post administrations is 7.8 months.

The mean time between pre and post measures was 7.8 months. The data indicate that while there were no significant differences perhaps due to a great deal of variability in perceived behavior, there was a definite change toward the expected mean of appropriate behavior. In fact, all 14 behavioral factors change in the desired direction as perceived by home teachers. The variability may be due to the fact that in some cases different teachers are doing the pre and post measures.

Table X shows the same data in scaled scores for each behavior factor. Here the impact of the change towards behavioral appropriateness is more apparent. The dashed line indicates behavior deemed to be appropriate for elementary school children. The +1 and +2 indicate the extent of deviation from such appropriateness.

Table X indicates that the students were perceived by the home teacher to have some degree of inappropriate behavior in 12 out of the 14 factors before 3R intervention. However, when evaluated some time after their return to the home school, there was only one factor which was perceived to be inappropriate. A very striking finding!

An interesting phenomenon was noticed when we now looked at the perceptions of the Unit teacher-counselor. Tables XI and XII present these data. The most striking thing was that the teacher-counselor does not seem to be faced with the level of behavioral inappropriateness. The mean time between the first and last administration is 3.9 months and there appear to be changes of much smaller magnitude. Table XII indicates that essentially the behaviors that the children display in the Unit were for the most part within the tolerance of what is considered appropriate, at least as perceived by the Unit teacher - counselor. In fact, on only 3 factors was this not the case. At the time of the post administration which might be either at the time the child returns to his home school or at the conclusion of the academic year, there were only 2 factors which were considered to be at an inappropriate level and one of these two was considered to be inappropriate in the pre measure. Perhaps then, some of the increase in academic competency can be accounted for, in part, by the more appropriate behavior of the children in the Unit.

In order to assess the long term effects of the 3R Program, follow-up measures on the students that were in the Unit in preceding years can be compared to those established earlier. Tables XIII and XIV portray such a comparison. The comparison was made between the post-test taken at the time the student left the Unit and the follow-up administered in spring of 1972. The data presented are means across all students regardless of the amount of time since they left the Unit. Table XIII indicates that while many of the behavioral factors have ratings above the expected mean for appropriate behavior, there was nevertheless definite movement for 10 out of the 14 factors were in the direction toward the appropriate level. Table XIV makes the comparison a bit clearer. At the last Unit rating the typical scores were considered one or two standard deviations away from appropriateness for 8 of the 14 scales. Now, at the follow-up, we find only five of these factors are above the mean and each of them deviates only 1 standard deviation. The data, therefore, lend support to the stability of the effects of the 3R Program with respect to the development of appropriate behavior.

TABLE X
Devereux Elementary School Rating Scale
(Standard Scores)
Perceptions of Home Teachers.

Behavioral Factor	Pre-Unit Mean Standard Deviation	Post-Unit Mean Standard Deviation
Classroom Disturbance	+1	-
Impatience	+1	-
Disrespect-Defiance	+2	-
External Blame	+1	-
Achievement Anxiety	+1	-
External Reliance	+1	+1
Comprehension	-1	-
Inattentive-Withdrawn	+1	-
Irrelevant-Responsiveness	+2	-
Creative Initiative	-	-
Needs Closeness To Teacher	-	-
Unable Change	+1	-
Quits	+2	-
Slow Work	+1	-

Mean time between pre and post administrations is 7.8 months.

TABLE XI

Devereux Elementary School Rating Scale
(Raw Scores, N=11)
Perceptions of Unit Teacher.

Behavioral Factor	Mean	First Admin.	Last Admin.	Absolute Change	Adjusted Change	Direction of Desired Change
Classroom Disturbance	10.0	12.0	11.7	-.3	+.06	-
Impatience	9.8	10.0	9.1	-.9	-.14	-
Disrespect-Defiance	5.8	8.1	9.9	+1.8	+.68	-
External Blame	6.5	10.9	10.4	-.5	+.10	-
* Achievement Anxiety	8.4					
External Reliance	13.8	20.0	18.1	-1.9	-1.24	-
Comprehension	12.9	10.8	11.6	+.8	+.42	+
Inattentive-Withdrawn	9.2	9.9	8.5	-1.4	-.12	-
Irrelevant-Responsiveness	7.5	10.1	9.9	-.2	-.05	-
Creative Initiative	11.3	10.2	13.3	+3.1	+1.08	+
Needs Closeness To Teacher	14.3	11.2	12.5	+1.3	+.48	+
Unable Change	2.3	3.2	3.1	-.1	-.10	-
Quits	2.6	4.4	3.5	-.9	-.42	-
Slow Work	2.7	2.9	2.9	0	+.05	-

Mean time between pre and post administration is 3.9 months.

*The Unit teacher-counselor did not rate the items on this factor because they were not appropriate to the Unit procedures. The item dealt with testing and criticism, two aspects which are avoided in the 3R Program.

TABLE XII

Devereux Elementary School Rating Scale
(Standard Scores)
Perception of Unit Teachers.

Behavioral Factors	First Admin. Mean Standard Deviation	Last Admin. Mean Standard Deviation
Classroom Disturbance	-	-
Impatience	-	-
Disrespect-Defiance	-	+1
External Blame	+1	+1
Achievement Anxiety		
External Reliance	+1	-
Comprehension	-	-
Inattentive-Withdrawn	-	-
Irrelevant-Responsiveness	-	-
Creative Initiative	-	-
Needs Closeness To Teacher	-	-
Unable Change	-	-
Quits	+1	-
Slow Work	-	-

Mean time between pre and post administrations is 3.9 months.

TABLE XIII

Comparison of Raw Scores for Follow-Up
and Last Unit Ratings on Devereux Elementary
School Behavior Rating Scale.

Behavioral Factor	Appropriate Level	Last Unit Rating	Spring, 1972 Follow-up Rating	Change
Classroom Disturbance	9.9	15.8	15.1	-.7
Impatience	9.7	14.4	16.3	+1.9
Disrespect-Defiance	5.8	13.0	8.8	-4.2
External Blame	6.5	14.8	10.9	-3.9
Achievement Anxiety	8.3	8.1	12.3	+4.2
External Reliance	13.7	20.8	16.8	+4.0
Comprehension	12.9	11.9	12.3	+.4
Inattentive-Withdrawn	9.3	13.1	13.6	+.5
Irrelevant-Responsiveness	7.5	13.4	10.5	-2.9
Creative Initiative	11.4	15.0	10.9	-4.1
Needs Closeness To Teacher	14.4	16.5	15.3	-1.2
Unable Change	2.4	4.1	3.8	-.3
Quits	2.6	5.6	4.6	-1.0
Slow Work	2.7	4.9	3.3	-1.6

TABLE XIV

Comparison of Standard Scores for Follow-Up
and Last Unit Ratings on Devereux Elementary
School Behavior Rating Scale.

Behavioral Factor	Last Unit Rating	Spring, 1972 Follow-Up
Classroom Disturbance	+1	+1
Impatience	+1	+1
Disrespect- Defiance	+2	+1
External Blame	-	+1
Achievement Anxiety	-	-
External Reliance	+1	-
Comprehension	-	-
Inattentive- Withdrawn	-	-
Irrelevant- Responsiveness	+1	-
Creative Initiative	-	-
Needs Closeness To Teacher	-	-
Unable Change	+1	-
Quits	+1	+1
Slow Work	+1	-

- c. Students enrolled in the Unit will improve appropriateness in their overt behavior as perceived by their peers when measured by a socio-metric instrument developed by the 3R staff.

An important index of appropriate behavior is how well a child is accepted or rejected by his peers. Accordingly we employed pre and post measures of peer perception. These measures were taken at the home school prior to entering the 3R Unit, and then again after leaving the Unit when the child was returned to the home school.

Table XV presents the pre measures which have been scored as either accepted (student was accepted by peers), rejected (student rejected by peers), or no entry (student neither accepted or rejected).

Table XV in connection with Tables IX and X indicate that although the teaching staff of the home school found the student's behavior to be inappropriate, his peers did not elect to reject him very much more than they chose to accept him. We suggested last year that perhaps the number of no entries may be an important index since what might have happened was that the child's inappropriate behavior was noted by his peers and rather than to actively reject him, they might have tended to exclude him.

This measure appeared to be somewhat stable from one year to the next despite the 3R intervention. Table XVI tells this story. While the teacher in the home school perceived the student's behavior after 3R intervention as being quite appropriate, the peers continued to have approximately the same socio-metric structure. Almost two-thirds of the peers excluded the 3R student both before and after, although there was a slight increase in the percentage accepting and a slight decrease in percentage rejecting. We need more data, however, to fully understand the implications of this measuring instrument.

TABLE XV
Socio-metric Survey In Sending Class
In Home School For Students Enrolled
in Unit 1971-72.

Category	Mean	Percent
Accepts	4.9	25
Rejects	5.5	28
No Entry	9.6	47

TABLE XVI

Socio-metric Survey in Home School For Students
Enrolled in 1970-71 3R Unit and One Year Later.

Category	Pre Unit		Post Unit	
	Mean	Percent	Mean	Percent
Accepts	4.0	16	3.5	19
Rejects	4.8	20	2.8	16
No Entry	15.5	64	11.7	65

- d. Students enrolled in the Unit will increase their intellectual ability as measured by either the WISC or Stanford Binet Individual Intelligence Tests.

Intellectual ability is an important ingredient if academic competency is to be realized. Accordingly we attempted pre and post measures of IQ to assess if our program had any effect on this factor. We have listed pre-measures as we feel that unless one or more years pass between administrations practice effect may have played too great a role in assessment of intellectual change.

Table XVII indicated that our students had a mean IQ of approximately the national mean. The mean IQ for the first year students was somewhat lower than the two succeeding years. We believed that this might have been due to the selection process that was used in the first year. It has been found that the students who made the least gain in improving their academic competency to allow them to return to their regular classroom had IQ's in the dull normal to mildly retarded range. It was on this basis that we developed a more restrictive selection procedure for the Unit.

Last year we found that the students who were in the first year Unit had increased their IQ's by 5.7 points - 4 of 6 had increases - over a two year period. We were, however, unable to have the second year students similarly assessed due to the constraints of time and resources.

TABLE XVII

Intelligence Quotients of 3R Unit Children.

Year	1969-1970	1970-71	1971-72
Mean IQ	91.8	100.7	102.2

- e. Students will develop sufficient academic competence and behavioral appropriateness to return to their home school.

The 3R Unit has been very successful in returning students to the home school. The data dealing with academic competence and appropriate behavior backs up this high rate of return. The only individual from the first two years who did not return to the home school was wrongly placed in the Unit in its formative stage. Of the 33 students served by the Unit in three years, all - but the one noted above - have been returned and maintained in the regular classroom programs. At this time, therefore, we have been 97% effective with this mode of intervention in achieving our objective of returning the child to his natural support systems. The mean time of enrollment for the students returned in 1971-72, was 4.3 months, about a month and a half less than we had originally hoped it would take.

- f. Parents will show positive feelings towards child by participation in 3R parent-teacher meetings as measured by a rating scale.

Parent-teacher meetings were held monthly in the homes of participants. Each parent acted as host for one meeting. These focused on both the ecology of the Unit and family ecology dealing with expectations, tasks, and consequences. Parents were trained in the techniques of behavior modification - specifically, precision teaching. This involved pinpointing, recording, consequating and evaluating the behaviors of their child that they wished to accelerate or decelerate. This same technique was applicable to their own behavior.

A rating scale was developed to assess both the parent-teacher meetings as well as the parents' attitudes concerning their child.

Favorable responses were made for almost all questions. The instrument and median responses are in Appendix A.

3. Adequacy

With respect to adequacy, the 3R program continues to provide a significant improvement in direct services to behaviorally inappropriate and academically incompetent children in the four towns. Prior to the 3R Project, there was no school program for such children. The following factors, however, were present:

- a. We were not able to get all of the children from the Unit back to their home schools as soon as we wished in the beginning. A factor which emerges appears to be that those who are both severely behaviorally inappropriate and academically incompetent related to low intelligence have a poor chance of progressing in this program.
- b. We find that there is a clear need for a Unit for the severely disturbing.
- c. The number of students in the diagnostic categories of mildly and moderately inappropriate behavior that have been seen in the four town areas during the 1971-72 academic year totals about 77. As compared to the national average of 5% of school population, this means we are still not reaching more than 15% of those who are in need of direct services.

4. Efficiency

With respect to efficiency, the 3R model of educational intervention continues to be less costly in terms of time and dollars than the medical

model alone. Without the Unit, most of the 33 children served by the Unit who have now returned to their regular classrooms would have been otherwise suspended, excluded, or sent to residential treatment centers.

We further found that the educational model is more efficient than the available medical model in terms of both time and money. This is emphasized when one notes that the only clinic that is available to us because of geographic and policy limitations is Enfield, and less than 50% of their services go to children with a staff less than half of the CSSC.

5. Process

By way of process, this goal has been implemented by the recruiting and hiring the basic educational team of a teacher-counselor, liaison-teacher-counselor, and project coordinator, and the multidisciplinary mental health team of school social worker, psychologist, and psychiatrist. The Unit team presents the history of their process and efforts in considerable detail in a separate document "Process Report 1969-71."

C. We Proposed To Demonstrate How An In-Service Program For Total Staff Using A Consistent Theoretical Model With Applied Techniques Can Help All Children.

A major aim of the 3R Program was to help all children in the four towns. A long-range goal, therefore, was to have the 3R model become fully operative within the established educational system thus making the operation of the Unit or Units no longer necessary. Therefore, if all our children are helped to behave appropriately and have academic competency without a Unit, our goal will be met. Towards this important goal, we continue to develop our in-service program.

1. Effort

a. Teachers and guidance counselors will respond positively to the Project by observing the Unit as measured by the number who volunteer to observe.

The primary means for implementing this objective allowed teachers and guidance counselors time (with substitutes being provided) to observe the 3R Unit in progress. The observation room with CCTV and video-taping equipment were made available to all teachers and other interested persons receiving authorized approval.

The evaluative instrument is the Visitors Log maintained at the 3R Unit which indicated the date, signature, position, town, and comments related to their observations.

The number of educational personnel both internal and external to the four towns that visited the Unit directly was approximately 104 in 1969-70; 191 in 1970-71; and 175 in 1971-72. The leveling off and slight decrease might be due to the more intensive in-service programs that were brought to teachers in their own schools. It is important to note that visitors to the Unit do not interrupt its functioning or program since the entire operation can be observed via closed circuit TV from an adjoining observation room. One of the Unit staff can describe the on-going program to visitors using this technology.

- b. Professional Library. While we do not have a behavioral objective for this component, its usefulness was to be measured by both the number of staff borrowing texts as well as the number of tests used.

A professional library was established for the benefit of Unit staff members and other professional staff in the four cooperating towns, including graduate students in practicum experience and other graduate students enrolled in classwork offered in the local schools. This library serves as a resource center for the full range of special education. While the number of borrowers and other readers of the library collection are not actually counted, it is estimated that a large number of books and journals were consulted. The library is frequently used by the 3R staff. The library has increased by a factor of four by the contribution of additional books and journals from private and other institutional sources.

2. Effect

- a. Teachers and guidance counselors will respond positively to the 3R approach by referring more socially-emotionally maladjusted children as measured by the number referred over base rate.

The evaluative basis used was the record of referrals made for 1968 through 1972. Table XVIII presents the number of students referred over this period.

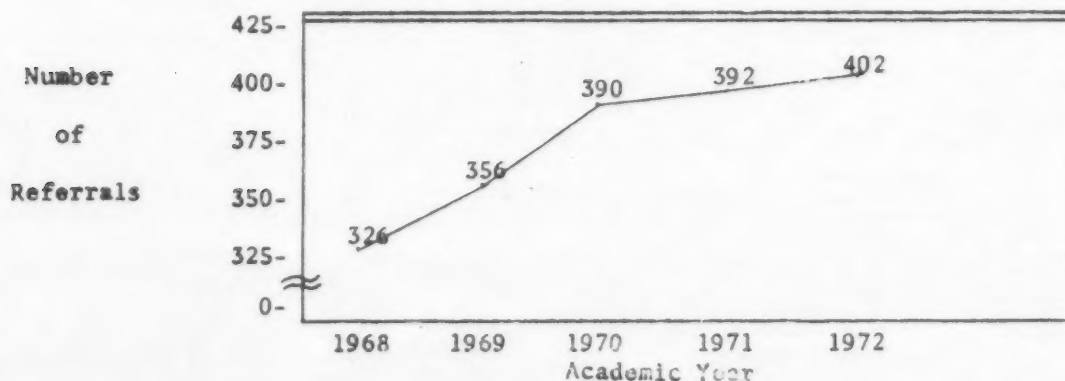
The data from Table XVIII indicate that in our first year of operation more referrals were made with respect to the rates of previous years. However, for 1970-71, the number of referrals did not really increase over that of the previous year. For 1971-72, there was a small increase in the number of referrals. We interpreted this to indicate that our reeducation model was beginning to take effect in that the line teacher was able to manage children on her own. If this hypothesis proves tenable, then we would expect the number of referrals to remain constant or to decrease.

- b. The professional staffs of the four cooperating towns will respond positively to in-service programs as measured by questionnaires and rating scales.

A great emphasis was placed on in-service training during the three years of the Project. Our first two annual evaluations described the respective in-service programs for those years and presented the evaluative data. A brief summary will be presented of those efforts followed by a more detailed report of this year's in-service training sessions.

TABLE XVIII

Number of Students Referred Over Base Rate From 1968-1972.



(1) In-Service Programs for 1969-70:

- (a) A general session involving all elementary teachers in the four towns with Dr. Wilbert Lewis, NIMH, offered a systematic presentation of Project Re-Ed, the theoretical model used for helping socially-emotionally disturbing children upon which the 3R program was based. Small group meetings were held and the 3R Unit was open for the purpose of observing it in operation.

In general, teachers, guidance counselors, and administration responded in a positive manner to the organization and methods employed in Project 3R as measured on a "Reaction to In-service Program" questionnaire.

- (b) Dr. Carl Fenichel, Director of the League School, Brooklyn, New York, met with the local superintendents, elementary principals, guidance counselors and special service staff to orient leadership to the concepts and practices of an educational approach for helping the most severely disturbed children in our schools. He also provided further consultation for the Unit staff regarding organization and classroom teaching methods.

In general, the 3R staff, guidance counselors and administrators showed a strongly positive attitude toward the 3R organization, methods and facilities as a result of Dr. Fenichel's presentation, as measured by a "Reaction to In-Service Meeting" Questionnaire.

- (c) Demonstration tapes of methods used in the Unit were created. These tapes were signed out to such viewing populations as teaching staff from Suffield (40), East Granby (10), Windsor Locks (12) as well as to many from outside the four town area.

(2) In-Service Programs for 1970-71:

- (a) Dr. Larry Tilley presented an all-day workshop for the entire 3R and CSSC staffs. A laboratory format was used. The participants evaluated the workshop positively on the basis of high ratings on scales concerning knowledge, skills, and confidence obtained.
- (b) Because behavior modification techniques are an integral part of the 3R Program, it was deemed advisable to provide a workshop in this area. Through cooperative arrangements with Gabe Simches, State Department of Education, a six-day workshop was held at the Gengras Center. The entire 3R staff, as well as three elementary guidance counselors, one teacher, and the Director of the CSSC, attended the Dr. Paul Graubard, Yeshiva University, six full day workshop.

The evaluative instruments clearly indicated favorable reaction to the workshop, and further indicated that the participants felt that they had increased their knowledge in the area of behavior modification.

- (c) The 3R Team made in-service presentations to four school staffs in the cooperating towns. While evaluative data were not gathered, testimonial reports and letters to administrators were generally very favorable.
- (d) A twenty-five minute video-tape production which described the theory and practices of the 3R model was developed for in-service use.

(3) In-Service Programs for 1971-72:

- (a) In order to assess what aspects of the 3R program were most important to the teachers in the four town area so that adequate in-service training programs could be established, a survey was taken. Table XIX summarizes the results of the survey taken of 70 teachers from seven different schools.

The data in Table XIX indicate that the areas in which these teachers were most interested concerned the type of children that 3R will accept; what the children do in the Unit; and what can you do with the problem child that is not in 3R. Actually, all of the items seemed to be of interest to at least a quarter of the group. It was interesting to note that only 9, barely 13% of the teachers, felt that they did not have any children who could benefit from 3R at that time.

While there was no large general in-service training session in the third year as there was in each of the first two years, there were, however, a number of single orientation sessions as well as three in-service workshops of greater intensity.

TABLE XIX

Teacher Responses to Survey Concerning
Request for 3R In-service Training.

Question: We would like to find out more about the following aspects of Project 3R for an in-service training session in your school.	
Question	No.
What type of child is in 3R?	35
What type of children will 3R accept?	46
What do they do with the children in the Unit?	41
What can I do with my problem children who are not in 3R?	40
What can I expect 3R to do for me?	20
What can I expect from a child who comes to me from 3R?	28
What can I do for 3R?	17
What good is 3R as far as I'm concerned?	18
What can I do to help the children in my classroom to better understand 3R and why the children are in there?	15
What do the various people in 3R do? What do their jobs entail?	26
I do not feel I have any children who could benefit from 3R at this time.	9

- (b) The Liaison-Teacher-Counselor and Unit Teacher-Counselor made many in-service presentations to schools in the four town area. For most of these we evaluated each using a reaction ballot.

Table XX presents the data with respect to these in-service evaluations. The median responses indicated that our in-service programs were more useful in "knowledge building" than in "skill building;" that there will be some attempt at utilizing the 3R procedures; and that the overall effectiveness of the in-service program was judged quite high. Although Table XX does not show the individual data for each of the separate programs, it is worth mentioning that there was great consistency among the presentations. For instance, the median responses for the question dealing with the overall effectiveness of the workshop ranges from 4 to 6; for the first question, dealing with knowledge attainment, the range was from 3 to 5.

Because behavior modification is an integral part of the 3R program, it was felt that a good portion of the in-service training should be devoted to that area. Therefore, three in-depth sessions were held.

TABLE XX
Evaluation of In-Service Training Sessions Held
For 104 Teachers at Local Schools by Unit Staff.

Question and Scale	Median Response
1. How would you rate this in-service program on the following factors: a. New knowledge obtained. 1 2 3 4 5 6 Few Many	4.0
b. New skills obtained. 1 2 3 4 5 6 Few Many	3.0
2. Will you attempt to utilize any of the procedures of the 3R program in your professional setting? 1 2 3 Not at all Some Many	2.0
3. How would you rate the overall effectiveness of the 3R in-service program you have just participated in? 1 2 3 4 5 6 Poor Good	5.0

- (c) A series of eight hourly sessions were held at Broad Brook, East Windsor for eleven teachers. All of the sessions focused on behavior modification on both the knowledge and skill basis. Numerous measures were taken to assess the program's effectiveness such as attitudinal measures, knowledge measures, and skill measures.

TABLE XXI

Comparison of Pre and Post Test Results of Eleven Teachers From Broad Brook Behavior Modification Workshop.

	Pre-Test Means	Post-Test Means	t-Test
Principles	5.14	12.57	11.44***
Attitudes	18.14	10.29	4.11**
Utilization	29.43	34.86	3.04*
Total	53.71	37.14	5.59**

** $P < .05$

** $P < .01$

*** $P < .001$

When the entire evaluation was considered in total, significant changes were observed between the pre- and post-tests indicating considerable growth as a result of the workshop experience. Table XXI shows the comparison of the pre- and post-tests for some measures.

- d. A series of five (5) hour-and-a-half sessions were held at the Center Elementary School, East Granby for the entire staff (24) including teacher-aides (3). The sessions focused first on the theoretical aspects of the behavioral model and Glasser's reality therapy. The workshops then moved to develop techniques and skills for application to children in the regular classes. Precision teaching skills of pinpointing, recording, consequating, and evaluating were emphasized by having the teachers use these skills first hand with their children. The Unit team, Director, and Guidance Counselor served as consultants in this process. The application of technique moved systematically from the extrinsic motivations of behavior modification to the intrinsic motivations of Glasser's reality therapy technique. These techniques were applicable to all children in all classrooms.

The testimonial reports from teachers and administration were very positive. Many of the teachers were continuing to apply these skills in their classes. It is notable that these approaches are congenial and reinforce the educational goals of the school, i.e., team teaching, continuous progress education, independent study...

- e. Another series of five (5) hour-and-a-half sessions were held at the Seymour Elementary School, East Granby for the entire staff (18), including teacher-aides (3). The format, with small changes, was essentially the same as used at the Center School. The same team served as consultants.

Evaluations were conducted on the three in-depth sessions including pre and post measures. A lengthy printed report is available on the Broad Brook sessions. The following is a summary of the "Post Meeting Evaluation" questionnaire administered at the last session of the Seymour School in-service program:

1. How did you feel the meeting was today?

Inadequate	Unimpressive	Acceptable	Satisfactory	Very Satisfactory
	6%	33%	53%	6%
2. What do you think the group was trying to accomplish? How far do you think the group progressed along these lines?

No Progress	Very Little	Some Progress	Much Progress	Objective Achieved
		66%	20%	13%
3. To what extent were the things you personally hoped to get out of the meetings different from what you felt the group was trying to accomplish?

Completely Opposed	Somewhat Different	Unrelated but not incompatible	Fairly Similar	Identical
	13%	20%	60%	6%
4. Generally speaking, how do you feel the in-service sessions as a whole have been?

Inadequate	Unimpressive	Acceptable	Satisfactory	Very satisfying
		13%	80%	6%

3. Adequacy

During each of the three years of Project 3R, 400, 203 and 120 professional staff members from the four town area were made aware of aspects of the program. Primarily, there was a cognitive awareness and acceptance of the 3R Program. However, while the basic thrust of the in-service presentations was on cognitive aspects of the program, only about 53 teachers were exposed to the more intensive in-service programs involving skill development and application. With respect to the criterion of adequacy, the in-service program was highly adequate for cognitive understanding but markedly inadequate for skill development and application. This inadequacy gap was measured by 53 teachers exposed out of a possible 500. The thrust of the program now is for a series of in-depth in-service programs involving a minimum of six to ten one-hour sessions.

4. Efficiency

The efficiency criterion of the in-service program is difficult to evaluate when compared to other in-service programs. The team, however, has become more efficient in terms of effectiveness by presenting a number of in-depth workshops.

5. Process

The process explored in the in-service programs involves a participation model. The Unit staff, the principal, guidance counselor and teachers are delegated the responsibility of planning and implementing the in-service sessions. Awareness of in-service needs developed from within the school as well as from the superintendent.

D. We Proposed to Demonstrate How Public Schools and a University Can Collaborate to Train Personnel For Re-educating Socially-Emotionally-Maladjusted Children.

Dr. Hobbs, when developing the Re-Ed Project, emphasized the need to draw on a new man power pool for helping socially-emotionally maladjusted children. The concept of a team of teachers serving as the intervention force, working directly with children rather than the medical model of psychiatrist, nurse, nurses-aide, etc., was implemented in collaboration with George Peabody College, Nashville, Tennessee. In replicating the Re-Ed model, collaboration with a college for training purposes was felt to be most important. Dr. Thomas Mahon of the University of Hartford and Dr. David Dawson of Central Connecticut State College were interested. The final decision involved a contractual arrangement with Dr. Clow et al. at CCSC.

1. Effort

a. Collaborative Efforts for 1969-70:

We entered into a contractual arrangement with Central Connecticut State College wherein Dr. Stanton Morris was employed half-time as Assistant Professor in special education and half-time as Project Coordinator. Training was provided for 3R Unit staff and practicum experience in the 3R Unit for three teachers enrolled in special education at CCSC. In addition, three graduate students enrolled at the University of Connecticut were provided practicum experience in the Unit.

In addition, two graduate courses in special education for socially-emotionally maladjusted children were offered at the South School, Windsor Locks, in the summer 1970. Mr. Edgar Gorman, Chairman of the Steering Committee, and Mr. George Bondra, Project Director, part-time staff member at the College, presented these courses to a total of 30 teachers. Twenty-eight of these teachers were on the staffs of the four cooperating towns. One of these courses provided a practicum experience involving materials and methods. Eleven children with academic and behavior problems from the cooperating schools were provided direct services by teachers enrolled - in essence, a summer program without cost to either parent or school district. Teachers enrolled had an opportunity to observe, in process, the complete diagnostic and evaluation methods of the multi-disciplinary CSSC team, including a case conference with the consulting psychiatrist.

b. Collaborative Efforts in 1970-71:

We continued our contractual agreement with CCSC. Miss Joyce Driskell of the Department of Special Education replaced Dr. Stanton Morris as Project Coordinator. Practicum experience in the 3R Unit was provided for two full time graduate students in the Department of Special Education. Each student spent six full weeks each working in the 3R Unit.

Two graduate courses were taught by the Project Director at the 3R site with a total attendance of 67 graduate teachers.

Additional collaboration was made with the University of Hartford, specifically with the Community Clinic. Six graduate students in the clinical practices program provided full clinical diagnostic evaluation and participated in case conferences in the local schools.

c. Collaborative Efforts in 1971-72:

Joyce Driskell of CCSC continued as Project Coordinator. Practicum experiences in the 3R Unit were provided for six (6) graduate students from Central. These included practicum experiences with the liaison-teacher-counselor.

Beginning in June, 1971 through August, 1972, six related graduate courses were offered on the 3R site or at the college. These courses ranged from the introductory course dealing with socially-emotionally maladjusted children through methods and materials and ending the sequence with the evaluation and practicum. The total number of graduate students over the three year period who participated in a minimum of three graduate semester hours or more was 81 teachers from the participating towns and 126 teachers external to the four towns.

Additional collaboration with other universities was also made. Specifically, two (2) graduate students from Westfield State College, Massachusetts had practicum experiences in the Unit. The Liaison-Teacher-Counselor taught an introductory course in the fall of 1971 to 24 students at Westfield State.

One graduate student from the clinical practices program of the University of Hartford did a full year field experience with the Center. She was also intensively involved at the University Clinic with several 3R families.

2. Effect

With respect to the effect of these efforts, no objective measures have been developed. The collaborative arrangement continued to go beyond our initial expectations for a university relationship. Dr. Dawson and other college administrative staff cooperated fully resulting in reciprocal benefits. There were many implicit positive effects on the children, teachers, and total school organization. On the organizational dimension, there were positive effects by adding to the cooperating school systems a greater competency, professional integrity, and reputation. A specific explicit positive effect is notable in that Mrs. Carol Camiros, who served her practicum training experience in the Unit, is now the teacher-counselor in the 3R Unit.

The effects on the graduate students was difficult to evaluate. In terms of numbers, we have added to the man power pool of people who can help the mental health needs of our children. The effects of this university collaboration are also indicated by dissemination and application of theory and techniques to other children in Connecticut.

3. Efficiency

The efficiency of this collaboration is reflected in advantages to both local school districts and the College. Offering the graduate courses "home based" is a more efficient operation in terms of facilities and personnel as well as in meeting the professional training needs of the teachers in the four cooperating towns. For pupils and parents, it was more efficient in terms of time, travel, and expense to have the practicum arrangement locally rather than on the college campus.

4. Adequacy

The impact of this collaboration in relation to the assessed need of increasing the manpower resource pool, while limited, is positive in light of the total mental health problem. Even the gains made by three years as indicated by the nine graduate students in practicum, 3R educational team, and 207 teachers enrolled in the graduate courses offered demonstrate a positive impact.

5. Process

In terms of process, need assessment indicated that in order to help solve the mounting problems of mental health, a new manpower resource pool was necessary. Project 3R, as an educational model, employs teachers as a primary mental health resource. In response to this need, we entered into and continued our collaborative arrangement with CCSC in association with Dr. David Dawson, Special Education Department, for training purposes. In addition, we have a collaborative arrangement with the University of Hartford in association with Dr. James Mathews, Associate Professor, Psychology Department, for applied research, and clinical purposes. Westfield State College, Massachusetts has cooperated with practicum students and course offering with the 3R Liaison-Teacher-Counselor.

E. We Propose To Demonstrate How The 3R Project Could Be Measured by an Evaluative Research Methodology.

Since Title III funds were unable to support fully our initial proposal, it was agreed that the research component be submitted for funding as a separate proposal to the National Institute of Mental Health. An applied research project, "Methods to Assess Efficacy of an Intervention Program," was developed and submitted for \$148,913. over a three-year period beginning June 1, 1970 to May 30, 1973. Dr. James Mathews, George Bondra, and Joyce Driskell served as co-principal investigators with funding to be provided through the University of Hartford where Dr. Mathews is associate professor of psychology. In essence, this research was to measure the "effects" of the service component of Project 3R as demonstrated in the behavioral and academic changes of the children served. It also replicated the instruments used by Dr. Nicholas Hobbs in Project Re-Ed, which was initially supported by NIMH from which we have adapted Project 3R. This proposal would have served a two-fold purpose: meet the need of our Title III accountability and the need for obtaining hard research data for the broader professional community. Using NIMH as an outside resource would have provided us with a high quality solution for the research needs of Project 3R and permitted us to use more monies for much needed direct services.

The proposal was approved by the Review Council of NIMH, but they were unable to extend a grant because of insufficient funds for new projects in that fiscal year. We were advised by Dr. Wilbert Lewis, NIMH consultant, to submit our research design to the Crippled Children's Division of Health, Education and Welfare. With appropriate modifications, a research proposal was submitted for \$111,945. over a 28-month period. This would have provided research beyond the three-year Title III commitment and, therefore, served to measure effects for both local and professional communities. Although the proposal was approved on its research merits, funding was not possible because of limited federal funds.

Because we were funded for this extensive evaluative research program we adopted from our proposals what was feasible within the minimum 5% guidelines established by Title III.

Section III of this report delineates the results to which each goal was achieved with respect to the criteria of process, effort, effect, adequacy and efficiency.

IV. DISSEMINATION

A. Dissemination Activities Undertaken

The 3R staff made the following presentations:

1. Hartford Public Schools: The Project Director and the social worker made a three-hour presentation to approximately 65 social workers, psychologists, and teachers.
2. Connecticut Partnerships for Educational Improvement: The Project Director chaired and made a panel presentation with other Title III projects on innovative programs for handicapped children.
3. The May 12, 1971, workshop for school personnel concerned with children with emotional problems at the Gengras Center: The Project Director made a presentation of Project 3R to this group.
4. Connecticut Psychiatric Association and State Psychological Association joint dinner meeting at Yale University: Dr. James Trench, our consulting psychiatrist, and the Project Director were on the panel presenting our multi-disciplinary approach.
5. Springfield College: The Project Director made systematic presentations of the 3R theory and program to 102 students enrolled in his graduate courses.
6. Central Connecticut State College: The Project Director systematically presented the 3R approach to 207 graduate students enrolled in his class. In addition, the program coordinator, Joyce Driskell, and the former program coordinator, Dr. Stanton Morris, also systematically presented the theory and methods of 3R in their graduate courses.
7. Project Learn: Frank Robinson, Project Learn Director, arranged to have the Project Director meet with nine area superintendents to present the 3R approach. The superintendents reacted favorably and arranged for seven of their staff for an on-site visit for possible replication in their area.
8. The Project Learn Director arranged for three orientation sessions with the Project Director involving 15 teachers from the Project Learn area.
9. General Learning, Inc.: General Learning, under Francis Keppel, is conducting a study for the United States Office of Education on outstanding programs for socially-emotionally maladjusted children in the nation. Project 3R was recommended for consideration by Mr. Simches. Of the 270 programs in the nation that were considered for study, Project 3R was in the top 102 that were considered for more intensive evaluation. The primary

purpose of the General Learning's project was to select 15 outstanding projects in the nation to serve as models for others to follow. Project 3R was not selected as one of the 15; however, 3R was modeled after three of the projects finally selected - Project Re-Ed, League School, and Dr. Hewett's behavior modification approach. There are, nevertheless, dissemination aspects for 3R related to this study. General Learnings will summarize and publish the 102 projects that they evaluated more extensively.

10. President's National Advisory Council on Supplementary Centers and Services: This council selected Project 3R as one of three in Connecticut that have been nominated for consideration in their list of 50 outstanding Title III programs in the country for 1969-70. The two other projects in Connecticut are Cheshire and Talcott Mountain. The Cheshire Project was finally selected.

The Title III Quarterly, January, 1972 devoted to "Title III in Special Education" selected Project 3R as an outstanding program for socially-emotionally maladjusted not only in Connecticut but in the country. Wide distribution of this Quarterly has resulted in numerous inquiries about the 3R Project from Canada, Rhode Island, Kansas, etc.

11. The Unit team, Director, and Principal of the South School made an afternoon presentation to teachers in Derby, Connecticut in cooperation with Project IMPROVE.
12. The 3R team and Principal of South School made a presentation to approximately 70 teachers in Manchester, Connecticut.
13. The Unit team and Director conducted two presentations to approximately 40 teachers at the Smith School, West Hartford, Connecticut.
14. Liaison-Teacher-Counselor and our consulting psychiatrist made an evening presentation to 31 staff at Our Lady of Lourdes in Springfield, Massachusetts.
15. The Unit team made a presentation at Our Lady of Providence, Holyoke, Massachusetts.
16. Liaison-Teacher-Counselor made a presentation to 52 teachers at the Robinson Public School, Agawam, Massachusetts.
17. Liaison-Teacher-Counselor made a presentation to 30 graduate students at Springfield College, Massachusetts.
18. The Project Director made two evening presentations to 35 graduate students at Westfield State College in Massachusetts.
19. Project Director, in cooperation with Joseph Lipp, Project Director of CIRP, Westport, Connecticut, made a morning presentation to 106 teachers at Bridgeport University, Connecticut.
20. Project Director made a series of three presentations to 25 teachers for the Connecticut Regional Center, State Department of Health, Meriden, Connecticut.
21. The Center staff made an evening presentation to a combined Boards of Education meeting in the four cooperating towns.

22. The Liaison-Teacher-Counselor served as a panelist at an ASCD meeting at Westfield State College, Massachusetts.
23. Project Director and Unit team made several presentations at Title III Directors' meeting.

B. Media Presentations

1. Pamphlet describing Project 3R was printed and 1,500 copies disseminated to lay and professional groups.
2. Project 3R Process Report was disseminated to 100 teachers.
3. A 25-minute video-tape presenting theory and practices was developed by the 3R staff and used with PTO's, teachers, graduate courses, etc.
4. A radio presentation on WTIC and a number of newspaper presentations were made of the 3R Program.
5. Film slides have been made of Project activities and are used for lay presentations.

C. On-Site Visitations to 3R

1. Over the three year period there was a total of 363 on-site visitations; 135 from within the four towns; 228 visitors from outside the four town area.
2. Approximately 60 visited from the following universities and colleges: American International College, Massachusetts; Central Connecticut State College; North Adams State College, Massachusetts; University of Puerto Rico; Assumption College, Massachusetts; University of Connecticut; Westfield State College, Massachusetts; University of Hartford; Westminster College, New Jersey; San Jose State College, California; Keene State, New Hampshire; Yale University.
3. Approximately 128 professionals made on-site visitations from the following: Connecticut State Department of Education; Children's Study Home, Massachusetts; Project AMP; Project Learn; and 6 school systems from Connecticut.
4. A one-day orientation session was held for the following school systems who expressed an interest in adapting the 3R program with State Department of Education support: Danbury, Durham, Ellington, Lebanon, Monroe, New Britain, North Haven, North Stonington, Norwalk, Stamford, Wallingford, and Windham.

D. Summer Institute, Gengras Center

A week-long institute on theory and methods of behavioral change for disturbing children sponsored in part by Project 3R and planned by the Project Director, Research Coordinator, and Director of Day Treatment Center, another who is involved with behavior modification with the severely disturbed, was held in July, 1971. The major financial support was through the State Department of Education via Gabe Simches, State Consultant for

Education of the Socially and Emotionally Maladjusted. There were ten teams of three educational personnel from different towns throughout the State. One of the ten teams was from one of the four town area, while many of the others were from nearby communities.

Both pre- and post-testing as well as reaction ballots were used to assess the effect of the workshop. While it is not possible to reproduce all of the tables to indicate its effectiveness, we present Table XXII to give an overall picture of the workshop. These data indicate that the workshop was quite effective.

TABLE XXII
Ratings of Summer Institute Workshop.

Item	Median Ratings
New knowledges obtained	
1 2 3 4 5 6	
few many	5.0
New skills obtained	
1 2 3 4 5 6	
few many	4.5
Confidence in your ability to apply behavior modification in your professional setting	
1 2 3 4 5 6	
little full	4.5
Overall effectiveness of the Workshop	
1 2 3 4 5 6	
poor good	5.0

E. Dissemination Activities Planned

1. Presentation at the Council of Exceptional Children, National Conference, Dallas, Texas.
2. Presentation at the National Association of School Psychologists, New York City, New York.
3. Preparation of formal paper to be submitted to professional journal.

V. END PRODUCTS

A. Local Support of Program

Consistent with the agreement between Title III and the local communities, the local Boards of Education through the Advisory Council and the Cooperative Special Services Center have approved and funded the continuation of the 3R conceptual model and its operational program. The diagnostic and direct services are continued at the same level, however, the research components have been markedly reduced. The Title III funding level for 1971-72 was \$67,500. The local contribution for continuation of the initial 3R model, including the diagnostic and direct instructional services for 1972-73, is approximately \$64,500. Thus, local support is consistent with the original Title III commitment.

The 3R conceptual model has been adopted as the approach not for the Unit but for all the services of the Cooperative Special Services Center.

B. Expansion of Local Program

In addition to the continuation of the existing 3R Program, the local Boards have extended the program to include another Unit - staffed by a Teacher-Counselor, Aide, and Liaison-Teacher-Counselor, part-time secretary and transportation costs. This Unit will be located at the East Windsor Middle School. The primary emphasis of this expansion will be on educational intervention.

C. State Department of Education Adoption Program of 3R Model

The State Title III Advisory Council selected eight Title III projects as worthy of adoption with financial support provided by the State Department of Education. Project 3R was one of five actually supported with State funds for adoption by the towns of Danbury and New Haven.

A P P E N D I X A

Parent Questionnaire and
Median Responses.

The following pages will help the 3R team to evaluate the program in which your child has been involved. We ask that you take a few minutes to fill out the following pages completely.

Please do not feel that your comments are to be considered as criticism, but rather that they can be used to strengthen the program.

For each of the items, please circle the words that best express your feelings. When further comment is necessary, please write on the paper directly under that item.

Thank you for your help.

		Scale						
		agree strongly	agree somewhat	disagree somewhat	disagree strongly			
		4	3	2	1			
						Median Responses		
Program and Question		Fathers	Mothers	Total				
1. <u>PARENT MEETINGS:</u>								
a.	<u>Parent-Teacher meetings are held often enough. If you do not agree, how often should they be held?</u>	4	4	4				
b.	<u>Parent-Teacher meetings should be held in the home of parents or teachers. If you do not agree, where do you believe they should be held?</u>	4	3	4				
c.	<u>Both parents should attend the meeting. If you do not agree, why?</u>	4	3	4				
d.	<u>Parents should continue to attend parents-teachers meeting after their children return to regular school program.</u>	3	4	3				
e.	<u>Attendance is very necessary for the success of these meetings. How many did you miss?</u>	4	4	4				
f.	<u>The topics of the meetings were useful. If you disagree, what topics would you like discussed?</u>	4	4	4				
g.	<u>The meetings stuck to the original topics that were being covered. If you disagree, why do you suppose this was so?</u>	3.5	4	4				
2. <u>PARENT-TEACHER RELATIONSHIPS:</u>								
a.	<u>Progress Report Conferences were a good way to discuss my child's progress. If you disagree, why?</u>	4	4	4				
b.	<u>I would like to see the Progress Report conferences changed. If you agree, indicate the changes you would like.</u>	1	1	1				

Program and Question	Median Responses		
	Fathers	Mothers	Total
c. <u>There is enough contact with the teaching staff.</u> <u>If you disagree, indicate why.</u>	4	4	4
d. <u>There is enough contact with the liaison-teacher.</u> <u>If you disagree, indicate why.</u>	4	4	4
e. <u>I have a close relationship with my child's teacher.</u>	3.5	3	3
f. <u>The teacher makes me feel comfortable so that I can</u> <u>work with her most effectively. If you disagree,</u> <u>why?</u>	4	3.5	4.0
g. I find I can best talk to the teacher.	2	2.5	2.5
3. <u>IDEAS:</u>			
a. <u>I feel that the parent guide book was useful.</u> <u>If you disagree tell why.</u>	3	3	3
If you <u>agree</u> what were the most useful topics?			
What were the least useful topics?			
b. <u>I could use the guide book with children other than</u> <u>the one enrolled in 3R. If you disagree, please</u> <u>tell why.</u>	3	4	4
c. <u>The assignments of behavior counting have had good</u> <u>effect. Please comment on why.</u>	3	3	3
d. How many books (pamphlets) have you read on be- havioral management?	1.5	3	2
e. What things does your child do nicely now that he did not do before?			
f. <u>I feel more positive about my child's behavior now.</u> <u>What has made you feel this way?</u>	3	4	3

Scale			
good understanding	some understanding	no understanding	
3	2	1	
Program and Question		Median Responses	
		Fathers	Mothers Total

- g. For each of the following, indicate the amount of understanding you believe you now have.

Pinpoint	2	2	2
Consistency	3	3	3
Reinforcement	3	2.5	3
Contingency	1	2	2
Ignoring	1	2.5	2
Positive Comments	3	3	3
Follow-up	3	3	3
Maintenance	3	2.5	3
Parent Modeling	2	2	2
Intervention	2.5	2	2
Frequency Count			

very able to use	some ability to use	not able to use	
3	2	1	

- h. For each of the above indicate the amount of your ability to use the same concepts.

Pinpoint	3	2	2.5
Consistency	3	2	2
Reinforcement	3	2	2
Contingency	1	2	1.5
Ignoring	1	2	2
Positive Comments	2	3	3
Follow-up	3	2	3
Maintenance	3	2	2
Parent modeling	2	2	2
Intervention	2.5	2	2
Frequency Count	3	2	2.5

A P P E N D I X B

Devereux Elementary School
Behavior Rating Scale.

DEVEREUX ELEMENTARY SCHOOL BEHAVIOR RATING SCALE *

George Spivack, Ph.D. and Marshall Swift, Ph.D.

Devereux Foundation Institute for Research and Training

Student's Name _____ Teacher's Name _____
Student's Sex _____ Age _____ Academic Subject _____
Grade _____ School _____ Date of Rating _____

RATING GUIDE

1. Base rating on student's recent and current behavior.
2. Compare the student with normal children his age.
3. Base rating on your own experience with the student.
4. Consider each question independently.
5. Avoid interpretations of "unconscious" motives and feelings.
6. Use extreme ratings whenever warranted.
7. Rate each item quickly.
8. Rate every question.

Consider only the behavior of the student over the past month.

The standard for comparison should be the average youngster in the normal classroom situation.

Consider only your own impression. As much as possible, ignore what others have said about the student and their impressions.

Make no effort to describe a consistent behavioral picture or personality. It is known that children may show seemingly contradictory behavior.

As much as possible, base ratings on outward behavior you actually observe. Do not try to interpret what might be going on in the student's mind.

Avoid tending to rate near the middle of all scales. Make use of the full range offered by the scales.

If you are unable to reach a decision, go on to the next item and come back later to those you skipped.

Attempt to rate each item. If you are unable to rate a particular item because it is not appropriate to the child in question, or because of lack of information, circle the item number.

YOU ARE GOING TO RATE THE OVERT BEHAVIOR OF A STUDENT. FOR ITEMS 1-26 USE THE RATING SCALE BELOW. WRITE YOUR RATING (NUMBER) FOR EACH ITEM IN THE BOX TO THE LEFT OF THE ITEM NUMBER.

Very frequently 5	Often 4	Occasionally 3	Rarely 2	Never 1
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COMPARED WITH THE AVERAGE CHILD IN THE NORMAL CLASSROOM SITUATION, HOW OFTEN DOES THE CHILD...

Rating	Item	Rating	Item
☐	1. Start working on something before getting the directions straight?	☐	14. Tell stories which are exaggerated and untruthful?
☐	2. Say that the teacher doesn't help him enough (i. e. , won't show him how to do things, or answer his questions)?	☐	15. Give an answer that has nothing to do with a question being asked?
☐	3. Bring things to class that relate to current topic (e.g., exhibits, collections, articles, etc.)?	☐	16. Break classroom rules (e.g., throw things, mark up desk or books, etc.)?
☐	4. Tell stories or describe things in an interesting and colorful fashion (e.g., has an active imagination, etc.)?	☐	17. Interrupt when the teacher is talking?
☐	5. Speak disrespectfully to teacher (e.g., call teacher names, treat teacher as an equal, etc.)?	☐	18. Quickly lose attention when teacher explains something to him (e.g., becomes fidgety, looks away, etc.)?
☐	6. Initiate classroom discussion?	☐	19. Offer to do things for the teacher (e.g., erase the board, empty the pencil sharpener, open the door, get the mail, etc.)?
☐	7. Act defiant (i. e. , will not do what he is asked to do, says: "I won't do it")?	☐	20. Makes you doubt whether he is paying attention to what you are doing or saying (e.g., looks elsewhere, has blank stare or faraway look, etc.)?
☐	8. Seek out the teacher before or after class to talk about school or personal matters?	☐	21. Introduce into class discussion personal experiences or things he has heard which relate to what is going on in class?
☐	9. Belittle or make derogatory remarks about the subject being taught (e.g., "spelling is stupid")?	☐	22. Get openly disturbed about scores on a test (e.g., may cry, get emotionally upset, etc.)?
☐	10. Get the point of what he reads or hears in class?	☐	23. Show worry or get anxious about knowing the "right" answers?
☐	11. Have to be reprimanded or controlled by the teacher because of his behavior in class?	☐	24. Look to see how others are doing something before he does it (e.g., when teacher gives a direction, etc.)?
☐	12. Poke, torment, or tease classmates?	☐	25. Complain teacher never calls on him (e.g., that teacher calls on others first, etc.)?
☐	13. Annoy or interfere with the work of his peers in class?	☐	26. Make irrelevant remarks during a classroom discussion?

FOR ITEMS 27-47 USE THE RATING SCALE BELOW:

Extremely	Distinctly	Quite a bit	Moderately	A little	Very slightly	Not at all
7	6	5	4	3	2	1

COMPARED WITH THE AVERAGE CHILD IN THE NORMAL CLASSROOM SITUATION, TO WHAT DEGREE IS THE CHILD...

<u>Rating</u>	<u>Item</u>	<u>Rating</u>	<u>Item</u>
☐	27. Unable to change from one task to another when asked to do so (e.g., has difficulty beginning a new task, may get upset or disorganized, etc.)?	☐	35. Able to apply what he has learned to a new situation?
☐	28. Oblivious to what is going on in class (i.e., not "with it," seems to be in own "private" closed world)?	☐	36. Sloppy in his work (e.g., his products are dirty or marked up, wrinkled, etc.)?
☐	29. Reliant upon the teacher for directions and to be told how to do things or proceed in class?	☐	37. Likely to know the material when called upon to recite in class?
☐	30. Quickly drawn into the talking or noise-making of others (i.e., stops work to listen or join in)?	☐	38. Quick to say work assigned is too hard (e.g., "you expect too much," "I can't get it," etc.)?
☐	31. Outwardly nervous when a test is given?	☐	39. Responsive or friendly in his relationship with the teacher in class (vs. being cool, detached or distant)?
☐	32. Unable to follow directions given in class (i.e., need precise directions before he can proceed successfully)?	☐	40. Likely to quit or give up when something is difficult or demands more than usual effort?
☐	33. Sensitive to criticism or correction about his school work (e.g., gets angry, sulks, seems "defeated", etc.)?	☐	41. Slow to complete his work (i.e., has to be prodded, takes excessive time)?
☐	34. Prone to blame the teacher, the test, or external circumstances when things don't go well?	☐	42. Swayed by the opinion of his peers?
		☐	43. Difficult to reach (e.g., seems pre-occupied with his own thoughts, may have to call him by name to bring him out of himself)?
		☐	44. Unwilling to go back over his work?

COMPARED WITH THE AVERAGE CHILD IN THE NORMAL CLASSROOM SITUATION, TO WHAT DEGREE DOES THE CHILD...

☐	45. Like to be close to the teacher (e.g., hug or touch the teacher, sit or stand next to teacher, etc.)?	☐	47. Rush through his work and therefore make unnecessary mistakes?
☐	46. Have difficulty deciding what to do when given a choice between two or more things?		

DEVEREUX ELEMENTARY SCHOOL BEHAVIOR RATING SCALE *

George Spivack, Ph.D. and Marshall Swift, Ph.D.
Devereux Foundation Institute for Research and Training

DESB PROFILE

Student's Name _____ Teacher's Name _____
Student's Sex _____ Age _____ Academic Subject _____
Grade _____ School _____ Date of Rating _____

Behavior Factor	Factor Item Raw Scores	Tot'l Raw Sc.	Raw Score in Standard Score Units			
			-1SD	0	+1SD	+2SD
1. Classroom Disturbance	needs control 11 ____ 13 ____ interfere teases 12 ____ 30 ____ drawn in		CLASS DISTURB			
2. Impatience	starts 1 ____ 44 ____ go back sloppy 36 ____ 47 ____ rushes		IMPAT			
3. Disrespect-Defiance	disrespect 5 ____ 9 ____ subject defy t'ch'r. 7 ____ 16 ____ rules		DISRESPECT			
4. External Blame	t'ch'r. help 2 ____ 34 ____ blames called on 25 ____ 38 ____ too hard		EXTERNAL BLAME			
5. Achievement Anxiety	test scores 22 ____ 31 ____ testing right ans. 23 ____ 33 ____ sensitive		ACHIEVEMENT ANXIETY			
6. External Reliance	see others 24 ____ 42 ____ awayed rely t'ch'r. 29 ____ directions 32 ____ 46 ____ choices		EXTERNAL RELY			
7. Comprehension	understands 10 ____ 37 ____ recites applies 35 ____		COMPREHENSION			
8. Inattentive - Withdrawn	lose attn. 18 ____ 28 ____ oblivious not attend. 20 ____ 43 ____ reachable		INATTENTIVE WITHDRAWN			
9. Irrelevant - Responsiveness	exagg. story 14 ____ 17 ____ interrupt answers 15 ____ 26 ____ irrel. talk		IRRELEVANT RESP.			
10. Creative Initiative	brings in 3 ____ 6 ____ start disc. act. imag. 4 ____ 21 ____ talk exper.		CREATIVE INITIATIVE			
11. Need Closeness to Teacher	seeks t'ch'r. 8 ____ 39 ____ friendly helps 19 ____ 45 ____ phys. close		NEED CLOSENESS			
Additional Items	27 Unable change					
	40 Quits					
	41 Slow Work					